


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Apr 16 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P19028 (0)

1. Corporation Name
CBI DISTRIBUTING CORP.



Principal Place of Business 1501 N. MICHAEL DRIVE P.O. BOX 9312 WOOD DALE IL 60191 US	Mailing Address 3 SW 129TH AVE., SUITE 400 P.O. BOX 9312 PEMBROKE PINES FL 33027
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
04/27/1988

4. FEI Number
65-0135574

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. Yes No

2. Principal Place of Business 21 2400 N Central Road	2a. Mailing Address 28
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State Hoffman Estates IL	26 City & State
24 Zip 60195	25 Country US
29 Zip	30 Country

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

85 Zip Code **FL**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	CD	<input type="checkbox"/> DELETE
NAME	SCHAEFER, ROWLAND	
STREET ADDRESS	3 SW 129TH AVE	
CITY-ST-ZIP	PEMBROKE PINES FL	
TITLE	P	<input type="checkbox"/> DELETE
NAME	SCHAEFER, ROWLAND	
STREET ADDRESS	3 SW 129 AVE	
CITY-ST-ZIP	PEMBROKE PINES FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	DUNAVENT, LES	
STREET ADDRESS	2400 W. CENTRAL BLVD.	
CITY-ST-ZIP	HOFFMAN ESTATES IL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	BERRITT, HAROLD E.	
STREET ADDRESS	2500 FIRST UNION FINANCIAL CENTER	
CITY-ST-ZIP	MIAMI FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	KAPLAN, IRA	
STREET ADDRESS	3 SW 129TH AVE	
CITY-ST-ZIP	PEMBROKE PINES FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Vice President
3.3 STREET ADDRESS	Mark Hoffman
3.4 CITY-ST-ZIP	2400 N Central Rd Hoffman Estates, IL 60195
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	1221 Brickell Avenue
4.4 CITY-ST-ZIP	Miami, FL 33131
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* THE QUINCY IRA KAPLAN, Treasurer 4/16/98 (954) 433-2600

CR2E034 (10/97)