


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

2. Principal Place of Business 21 2400 N Central Road Suite, Apt. #, etc. 22 City & State 23 Hoffman Estates IL Zip 24 60195 Country 25 US		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30		3. Date Incorporated or Qualified 04/27/1988	
		4. FEI Number 65-0135574		Applied For <input type="checkbox"/> Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
		8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

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 FL 85 Zip Code	
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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


Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	CD	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SCHAEFER, ROWLAND			1.2 NAME			
STREET ADDRESS	3 SW 129TH AVE			1.3 STREET ADDRESS			
CITY-ST-ZIP	PEMBROKE PINES FL			1.4 CITY-ST-ZIP			
TITLE	P	<input type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SCHAEFER, ROWLAND			2.2 NAME			
STREET ADDRESS	3 SW 129 AVE			2.3 STREET ADDRESS			
CITY-ST-ZIP	PEMBROKE PINES FL			2.4 CITY-ST-ZIP			
TITLE	V	<input type="checkbox"/> DELETE		3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	DUNAVENT, LES			3.2 NAME	Mark Hoffman		
STREET ADDRESS	2400 W. CENTRAL BLVD.			3.3 STREET ADDRESS	2400 N Central Rd		
CITY-ST-ZIP	HOFFMAN ESTATES IL			3.4 CITY-ST-ZIP	Hoffman Estates, IL 60195		
TITLE	SD	<input type="checkbox"/> DELETE		4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BERRITT, HAROLD E.			4.2 NAME			
STREET ADDRESS	2500 FIRST UNION FINANCIAL CENTER			4.3 STREET ADDRESS	1221 Brickell Avenue		
CITY-ST-ZIP	MIAMI FL			4.4 CITY-ST-ZIP	Miami, FL 33131		
TITLE	T	<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	KAPLAN, IRA			5.2 NAME			
STREET ADDRESS	3 SW 129TH AVE			5.3 STREET ADDRESS			
CITY-ST-ZIP	PEMBROKE PINES FL			5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				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:  THE QUOTE D Ira Kaplan / Treasurer 4/16/98 (954) 433-2600

CR2E034 (10/97)