

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 13, 1999 8:00 am
Secretary of State

04-13-1999 90014 040 ***150.00

DOCUMENT # P19028

1. Corporation Name
CBI DISTRIBUTING CORP.

Principal Place of Business
**2400 W CENTRAL ROAD
HOFFMANESTATES IL 60195
US**

Mailing Address
**3 SW 129TH AVE., SUITE 400
P.O. BOX 9312
PEMBROKE PINES FL 33027**



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/27/1988

4. FEI Number
65-0135574

Applied For
☐ Not Applicable

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 the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business
21 **2400 W. Central Rd.**
Suite, Apt. #, etc.

2a. Mailing Address
26 Suite, Apt. #, etc.

City & State
23 **HOFFMAN Estates, IL**
Zip Country
24 **60195** 25 **US**

City & State
28
Zip Country
29 30

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

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 ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**CD
SCHAEFER, ROWLAND
3 SW 129TH AVE
PEMBROKE PINES FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
SCHAEFER, ROWLAND
3 SW 129 AVE
PEMBROKE PINES FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP
HOFFMAN, MARK
2400 W CENTRAL RD
HOFFMAN ESTATES IL 60195**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SD
BERRITT, HAROLD E.
1221 BRICKELL AVENUE
MIAMI FL 33131**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T
KAPLAN, IRA
3 SW 129TH AVE
PEMBROKE PINES FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☒ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP
**VP
Kathleen Rossi
3 SW 129th Ave.
Pembroke Pines, FL 3302**

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, with all other like empowered.

SIGNATURE:

Kathleen Rossi
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

(954) 433-3900

Daytime Phone #

014/653

CR2E034 (1/1/98)