**FILE NOW: FILING FEE AFTER MAY 1 IS $225.00**

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

FILED
SECRETARY OF STATE
CORPORATIONS
95 MAR 27 AM 11:22

DOCUMENT # P92000002614 (5)

1. Current Name
BROWN DISTRIBUTING (R.C. MACK) CORPORATION

Principal Place of Business
1042 N.E. 43RD ST.
OAKLAND PARK FL 33334

Mailing Address
1042 N.E. 43RD ST.
OAKLAND PARK FL 33334

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/28/1992
3a. Date of Last Report: 04/15/1994

2. Principal Place of Business
21 4300 N. DIXIE HWY
22
23 OAKLAND PK, FLA.
24 33334 25 BROW

2a. Mailing Address
26 4300 N. DIXIE HWY.
27
28 OAKLAND PK, FLA.
29 33334 30 BROW.

4. FEI Number: NOT APPLICABLE — 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 has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

ZIPPIN, ROBERT S
7101 WEST MCNAB ROAD
SUITE 200
TAMARAC FL 33321

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 Section(s) 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

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|
| TITLE | D | 1 TITLE | ☐ Change ☐ Addition |
| NAME | MACK, RICHARD C | 1 NAME | |
| STREET ADDRESS | 1042 N.E. 43RD ST. | 1 STREET ADDRESS | |
| CITY ST ZIP | OAKLAND PARK FL 33334 | 1 CITY ST ZIP | |
| TITLE | | 2 TITLE | ☐ Change ☐ Addition |
| NAME | | 2 NAME | |
| STREET ADDRESS | | 2 STREET ADDRESS | |
| CITY ST ZIP | | 2 CITY ST ZIP | |
| TITLE | | 3 TITLE | ☐ Change ☐ Addition |
| NAME | | 3 NAME | |
| STREET ADDRESS | | 3 STREET ADDRESS | |
| CITY ST ZIP | | 3 CITY ST ZIP | |
| TITLE | | 4 TITLE | ☐ Change ☐ Addition |
| NAME | | 4 NAME | |
| STREET ADDRESS | | 4 STREET ADDRESS | |
| CITY ST ZIP | | 4 CITY ST ZIP | |
| TITLE | | 5 TITLE | ☐ Change ☐ Addition |
| NAME | | 5 NAME | |
| STREET ADDRESS | | 5 STREET ADDRESS | |
| CITY ST ZIP | | 5 CITY ST ZIP | |
| TITLE | | 6 TITLE | ☐ Change ☐ Addition |
| NAME | | 6 NAME | |
| STREET ADDRESS | | 6 STREET ADDRESS | |
| CITY ST ZIP | | 6 CITY ST ZIP | |

**PLEASE NOTE OUR NEW ADDRESS!**
**4300 North Dixie Highway**
**Fort Lauderdale, FL 33334**

14. I hereby certify that the information supplied with this report is true, complete, and accurate. I am a director or officer 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 above, or on an attachment with an address.

SIGNATURE: Richard C. Mack 3/22/95 305-564-3912
SIGNATURE AND TYPED OR PRINTED NAME OF DIRECTOR OR OFFICER
RICHARD C. MACK

0237070 CP