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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

1996

DOCUMENT # P92000002614 (5)

BROWN DISTRIBUTING (R.C. MACK) CORPORATION

Principal Place of Business Mailing Address 4300 N DIXIE HWY 4300 N DIXIE HWY OAKLAND PARK FL 33334 OAKLAND PÄRK FL 33334 US US 3a. Date of Last Report 3. Date Incorporated or Qualified 10/28/1992 03/27/1995 4. FEI Number Applied For 2a. Mailing Address 2. Principal Place of Business NOT APPLICABLE Not Applicable 26 21 Suite, Apt. #, etc. \$8.75 Additional Suite, Apt. #, etc. 5. Certificate of Status Desired \Box Fea Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 28 8. This corporation has liability for intangible tax under s 199.032, Country Zφ Country Zip Florida Statutes ☐ Yes ☐ No 30 25 29 24 10. Name and Address of New Registered Agent 9 Name and Address of Current Registered Agent 81 Name Street Address (P.O. Box Number is Not Acceptable) ZIPPIN, ROBERT S 82 7101 WEST MCNAB ROAD 83 SUITE 200 TAMARAC FL 33321 City 85 Zip Code 84 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, typod or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12 Addition DELETE 1 1 TITLE TITLE D 1.2 NAME MACK, RICHARD C NAMÉ 4300 NORTH DIXIE HIGHWAY 1.3 STREET ADDRESS STREET ADDRESS FORT LAUDERDALE FL 1.4 CITY - ST- ZIP DITY-ST-ZiP ☐ Change ☐ Addition DELETE 2 1 TITLE TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STHEFT ADDRESS 2.4 DITY - ST - ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ DELETE 3 1 THILE TITLE 32 NAME NAME 3.3. STREET ADDRESS STREET ADORESS 34 CITY - ST-ZIP COY-ST-ZIP Change Addition DELETE 4. 1 TITLE 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST - ZIP CHY-ST-ZiP Change Addition DELETE 5.1 TITLE TITLE 5.2 NAME NAME **5.3 STREET ADDRESS** STREET ADDRESS 54 CHY-ST-ZIP CITY - ST- ZIP DELETE ☐ Channe Addition 6 1 TITLE TOLE NAME 62 NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY - ST - ZIP 14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: RILLIARS CMACK: SULLEGELC. Mack 4/29/96 - 305-35 4-87/2

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