

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

FILED
May 11 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
---	---	---

DOCUMENT # **P92000002614 (5)**

1. Corporation Name

BROWN DISTRIBUTING (R.C. MACK) CORPORATION

Principal Place of Business

**4300 N DIXIE HWY
OAKLAND PARK FL 33334-3818
US**

Mailing Address

**4300 N DIXIE HWY
OAKLAND PARK FL 33334-3818
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/28/1992

2. Principal Place of Business

21 **547 NE 42nd STREET**

Suite, Apt. #, etc

22

City & State

23 **OAKLAND PARK FLA**

Zip

24 **33334**

Country

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

29

Country

30

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ 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 **Benjamin T. Forehand**

82 Street Address (P.O. Box Number is Not Acceptable)
9021 NW 7th COURT

83

84 City **Pembroke Pines**

FL

85 Zip Code **33024**

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 **Benjamin T. Forehand**

(NOTE: Registered Agent signature required when reinstating)

DATE **4/28/98**

12. OFFICERS AND DIRECTORS

TITLE **D** ☒ DELETE
NAME **MACK, RICHARD C**
STREET ADDRESS **4300 NORTH DIXIE HIGHWAY**
CITY - ST - ZIP **FORT LAUDERDALE FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **P/T** ☐ Change ☒ Addition
1.2 NAME **Benjamin T. Forehand**
1.3 STREET ADDRESS **547 NE 42nd STREET**
1.4 CITY - ST - ZIP **OAKLAND PARK, FLA 33334**

2.1 TITLE **V/S** ☐ Change ☒ Addition
2.2 NAME **ANNEMARIE B. FOREHAND**
2.3 STREET ADDRESS **547 NE 42nd STREET**
2.4 CITY - ST - ZIP **OAKLAND PARK, FLA 33334**

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

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:

Benjamin T. Forehand

DATE **4/28/98**

FILE NO. **954-564-3912**

CP2E034 (10/97)