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

DOCUMENT # P93000023889

1. Corporation Name

RCM DISTRIBUTORS, INC.

Principal	Place of	Business

Mailing Address

9620 SW 12 CT PEMBROKE PINES FL 33025 9620 SW 12 CT

PEMBROKE PINES FL 33025

FILED May 10, 1999 8:00 am Secretary of State

05-10-1999 90249 036 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed

03/29/1993

Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required City & State City & State City & State Zip Country Zip Country Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required Fee Required \$5.00 May Be Added to Fees Added to Fees	Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number	L A	pplied For
Solito, Apl. J., etc. Solito, Apl. J., etc.	21		26			65-0401971	N.	ot Applicable
State		, etc. Suite, Apt. #, etc.		5 Certificate of Status Desired	•			
City & State 28 Country Zip Country Zip Country Zip Country State	22		27			5. Certificate of Status Desired	Fee R	equired
Zip		9	City & State			6. Election Campaign Financing	\$5.00	May Be
Zip Country Zip Country Zip Country State Personal Programme Trace Law Personal Programme Trace Personal Pr	23		28			Trust Fund Contribution	Added	to Fees
9. Name and Address of Current Registered Agent MARTIN, RUDY C 9820 SW 12 CT PEMBROKE PINES FL 33025 82 Street Address (P.O. Box Number is Not Acceptable) 83 City FL 85 Zip Code City		Country	Zip	Country		8. This corporation owes the current year In	angible	
MARTIN, RUDV C 9820 SW 12 CT PEMBROKE PINES FL 33025 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 list registered agent. I am familiar with, and accept the obligation of Section 70506, Florida Statutes, the above named corporation submits this statement for the purpose of changing list registered agent. I am familiar with, and accept the obligation of Section 70506, Florida Statutes. SIGNATURE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE PARTIN, RUDOLPH C 12 NME 12 NME 12 STREET ADDRESS CITY ST-2P MARTIN, RUDOLPH C 23 TITLE PEMBROKE PINES FL 33085 DELETE 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 14 TITLE PARTIN, RUDOLPH C 12 NME 23 STREET ADDRESS CITY ST-2P DELETE 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE PARTIN, RUDOLPH C 12 NME 23 STREET ADDRESS CITY ST-2P DELETE 14 TITLE 15 TITLE 16 DELETE 17 TITLE 17 TITLE 18 DELETE 18 Zip Code Change Addition ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE 18 STREET ADDRESS CITY ST-2P 19 DELETE 11 TITLE 10 DELETE 13 TITLE 14 TITLE 15 TITLE 16 TITLE 17 TITLE 18 STREET ADDRESS CITY ST-2P 19 DELETE 10 DELETE 11 TITLE 10 DELETE 11 TITLE 12 TITLE 13 TITLE 14 TITLE 14 TITLE 15 TITLE 16 TITLE 17 TITLE 18 STREET ADDRESS CITY ST-2P 18 STREET ADDRESS CITY ST-2P 19 DELETE 10 DELETE 11 TITLE 10 DELETE 11 TITLE 11 TITLE 12 TITLE 13 TITLE 14 TITLE 15 TITLE 15 TITLE 16 TITLE 17 TITLE 17 TITLE 18 STREET ADDRESS CITY ST-2P 18 STREET ADDRESS CITY ST-2P 19 DELETE 10 DELETE 11 TITLE 11 TITLE 12 TITLE 13 TITLE 14 TITLE 15 TITLE 16 TITLE 17 TITLE 18 TITLE 18 TITLE 18 TITLE 19 TITLE 10 DELETE 21 TITLE 22 NME 23 STREET ADDRESS CITY ST-2P 18 STREET ADDRESS CITY ST-2P 19 TITLE 10 DELETE 11 TITLE 11 TITLE 12 TITLE	24	25	29 30			Personal Property Tax.	☐ Yes	□No
MARTIN, RUDU C 9820 SW 12 CT PEMBROKE PINES FL 33025 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 agent. a man familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE 30paium, typed or private free of 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. The agent is a man familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE 30paium, typed or private free of registered agent and the Papalocials. (http://www.companies.com/private-plane). (http://www.companies.com/priva	· ·	9. Name and Address of Current	Registered Agent			10. Name and Address of New Registered	Agent	
9820 SW 12 CT PEMBROKE PINES FL 33025 82 Street Address (P. O. Box Number is Not Acceptable) 11. Pursuant to the provisions of Sections 607,0502 and 607,1508. Florida Statutes, the acceptable of the provisions of Sections 607,0502 and 607,1508. Florida Statutes, the acceptable of the provisions of Sections 607,0502 and 607,1508. Florida Statutes, the acceptable of the provisions of Sections 607,0502 and 607,1508. Florida Statutes, the acceptable of the provisions of Sections 607,0502 and 607,1508. Florida Statutes, the acceptable of the provisions of Sections 607,0502 and 607,1508. Florida Statutes, the acceptable of the provisions of Sections 607,0502 and 607,1508. Florida Statutes, the acceptable of the provisions of Sections 607,0502 and 607,1508. Florida Statutes, the acceptable of the provisions of Sections 607,0502 and 607,1508. Florida Statutes, the acceptable of the provisions of Sections 607,0502 and 6				81	Name			
SIZON TYZ UT PEMBROKE PINES FL 33025 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 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, and familiar with, and accept the obligations of, Section 607,0005, Florida Statutes. SIGNATURE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. TITLE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. 12. NAME STREET ADDRESS OFFICERS AND DIRECTORS IN 12. STREET ADDRESS OFFICERS AND DIRECTORS IN 12. STREET ADDRESS OFFICERS AND DIRECTORS IN 12. STREET ADDRESS OTV. 51.72P TITLE 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. STREET ADDRESS OTV. 51.72P TITLE 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. STREET ADDRESS OTV. 51.72P TITLE 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. STREET ADDRESS OTV. 51.72P TITLE 13. TITLE 14. STREET ADDRESS 14. STREET ADDRESS OTV. 51.72P TITLE 15. TITLE 16.	9620 SW 12 CT		82	82 Street Address (P.O. Box Number is Not Acceptable)				
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 office or registered agent, I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, spend or printed remore of registered agent and tide of application. OFFICERS AND DIRECTORS 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE OFFICERS AND DIRECTORS IN 12 12. Section 607.0502, Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered of the purpose of changing its registered and tide of the purpose of changing its registered of the purpose of change in the purpose of changing its registered of the purpose of change in the purpose of changing its registered of the purp			12	Silest Addition (F.S. Dox Hamber in Not Acceptable)				
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Signature, typed or printed rampe of registered agent and title of applicable (NOTE: Respitated Agent all splanture required when remainfully when remainfully when remainfully all parties of the printed agent all splanture required when remainfully all parties and possible CTORS IN 12 OFFICERS AND DIRECTORS 1.3	office or re	egistered agent, or both, in the State of	f Florida. Such change was auth	norized by t	ine corporatio	on's board of directors. I hereby accept the appo	ntment as re	egistered
12.	SIGNATURE	Signature, typed by project name of registered agents	and title if applicable. (NOTE: Re-	gistered Agent	signature required	1 when reinstating) DATE		
DELETE							ID DIRECT	ORS IN 12
MARTIN, RUDOLPH C 12 NAME 13 STREET ADDRESS PEMBROKE PINES FL 33085 14 CITY-ST-ZIP								
STREET ADDRESS		MARTIN RUDOLPH C	_	12 NAME				
CITY_ST_ZIP PEMBROKE PINES FL 33085			1	9	ADDDESS			
TITLE	-			1				
NAME		FEMILITORE FINES I E 33000	□ DELETE		-ZIP		□ Change	Addition
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Addition	NAME							
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STREET ADDRESS	TITLE		☐ DELETE				∐ Change	☐ Addition
STREET ADDRESS	NAME			1				
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SIREEI AUDRESS	NAME			6.2 NAME				
CACITY ST 710	STREET ADDRESS			6.3 STREET	ADDRESS			
	CITY-ST-ZIP			6.4 CITY-ST	- ZIP		<u>_</u>	

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: SIGNATURE AND TYPED DEPTRING