FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR 13 PM 2:26

DOCUMENT # **P93000035751 (5)**

1. Corporation Name
R.B.R. DISTRIBUTORS, INC.

Principal Place of Business	Mailing Address
2699 STIRLING ROAD SUITE A-302 FORT LAUDERDALE FL 33312 US	2699 STIRLING ROAD SUITE A-302 FORT LAUDERDALE FL 33312 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/14/1993
3a. Date of Last Report: 08/25/1994

2. Principal Place of Business — 21
2a. Mailing Address — 26
4. FEI Number: 65-0448903 ☐ Applied For ☐ Not Applicable

Suite, Apt. #, etc. — 22
Suite, Apt. #, etc. — 27
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

City & State — 23
City & State — 28
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

Zip — 24 Country — 25
Zip — 29 Country — 30
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☑ Yes ☐ No

9. Name and Address of Current Registered Agent

ABRAMS, ANTON E
2021 TYLER STREET
HOLLYWOOD FL 33020

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DPT	11 TITLE	DIRECTOR/PRESIDENT	☑ Change ☐ Addition
NAME	BOTKNECHT, DAVID	12 NAME	DAVID BOTKNECHT	
STREET ADDRESS	2699 STIRLING ROAD, SUITE A-302	13 STREET ADDRESS		
CITY-ST-ZIP	FORT LAUDERDALE FL	14 CITY-ST-ZIP		
TITLE	DVP	21 TITLE		☐ Change ☐ Addition
NAME	ROSENTHAL, HARRISON	22 NAME		
STREET ADDRESS	2699 STIRLING ROAD, SUITE A-302	23 STREET ADDRESS		
CITY-ST-ZIP	FORT LAUDERDALE FL	24 CITY-ST-ZIP		
TITLE	DVPS	31 TITLE		☐ Change ☐ Addition
NAME	SCUTT, JASON	32 NAME		
STREET ADDRESS	2699 STIRLING ROAD, SUITE A-302	33 STREET ADDRESS		
CITY-ST-ZIP	FORT LAUDERDALE FL	34 CITY-ST-ZIP		
TITLE		41 TITLE	DIRECTOR/TREASURER	☐ Change ☑ Addition
NAME		42 NAME	RICHARD COREN	
STREET ADDRESS		43 STREET ADDRESS	2699 STIRLING ROAD, SUITE A-302	
CITY-ST-ZIP		44 CITY-ST-ZIP	FORT LAUDERDALE, FL 33312	
TITLE		51 TITLE	DIRECTOR	☐ Change ☑ Addition
NAME		52 NAME	STEPHEN J. JACOBS	
STREET ADDRESS		53 STREET ADDRESS	2216 SUNRISE KEY BLVD.	
CITY-ST-ZIP		54 CITY-ST-ZIP	FORT LAUDERDALE, FL 33304	
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 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)(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: _____ 4/10/95 964-755-9
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

0220917 CF