

COND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P93000035751**
Corporation Name

R.B.R. DISTRIBUTORS, INC.

Principal Place of Business
**2415 STIRLING RD
FORT LAUDERDALE FL 33312
US**

Mailing Address
**2415 STIRLING RD
FORT LAUDERDALE FL 33312
US**

FILED
Jul 08, 1999 8:00 am
Secretary of State

07-08-1999 90032 012 ***550.00

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DO NOT WRITE IN THIS SPACE

Principal Place of Business		2a. Mailing Address	
26 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.	
28 City & State		29 City & State	
Zip	Country	Zip	Country
25		29	30

3. Date Incorporated or Qualified 05/14/1993	
4. FEI Number 65-0448903	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
SCOTT, JASON 2415 STIRLING RD FORT LAUDERDALE FL 33312		81 Name	
		82 Street Address (P.O. Box Number is Not Acceptable)	
		83	
		84 City	FL 85 Zip Code

I, 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
DE	DP BOTKNECHT, DAVID 2699 STIRLING ROAD, SUITE A-302 FORT LAUDERDALE FL	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
DE	DVP ROSENTHAL, HARRISON 2699 STIRLING ROAD, SUITE A-302 FORT LAUDERDALE FL	1.2 NAME	
DE	MDVP SCOTT, JASON 2415 STIRLING RD FORT LAUDERDALE FL 33312	1.3 STREET ADDRESS	
DE	DT COREN, RICHARD 2699 STIRLING RD, STE A-302 FT LAUDERDALE FL	1.4 CITY-ST-ZIP	
DE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
DE		2.2 NAME	
DE		2.3 STREET ADDRESS	
DE		2.4 CITY-ST-ZIP	
DE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
DE		3.2 NAME	
DE		3.3 STREET ADDRESS	
DE		3.4 CITY-ST-ZIP	
DE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
DE		4.2 NAME	
DE		4.3 STREET ADDRESS	
DE		4.4 CITY-ST-ZIP	
DE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
DE		5.2 NAME	
DE		5.3 STREET ADDRESS	
DE		5.4 CITY-ST-ZIP	
DE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
DE		6.2 NAME	
DE		6.3 STREET ADDRESS	
DE		6.4 CITY-ST-ZIP	

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: **JASON SCOTT**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-30-99
Date

964-7559
Daytime Phone #

CR2E034 (5/99)

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