

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 APR 25 AM 11:05

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # P93000068365 (4)

1. Corporation Name

SOUTH EAST WHOLESALE DISTRIBUTORS, INC.

Principal Place of Business

**3350 NW 47 AVE
COCONUT CREEK FL 33063**

Mailing Address

**3355 N.W. 47TH AVE
COCONUT CREEK FL 33063**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

10/01/1993

3a. Date of Last Report

10/05/1994

4. FEI Number

65-0439583

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 has liability for intangible tax under S. 199.032,
Florida Statutes

☐ Yes

☒ No

2. Principal Place of Business

21

2a. Mailing Address

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KANTROWITZ, LEONARD

3355 NW 47 AVE

COCONUT CREEK FL 33063

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

PD

NAME

KANTROWITZ, BRYAN

STREET ADDRESS

3355 NW 47 AVE

CITY - ST - ZIP

COCONUT CREEK FL 33063

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

☐ Change

☐ Addition

☐ Change

☐ Addition

☐ Change

☐ Addition

☐ Change

☐ Addition

☐ Change

☐ Addition

☐ Change

☐ Addition

SIGNATURE:

Leonard Kantrowitz

LEONARD KANTROWITZ

4/19/95 305-978-3057

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #