

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000011051 (6)
1. Corporation Name

KMAA DISTRIBUTING, INC.



Principal Place of Business

Mailing Address

2651 ROCK ISLAND ROAD
MARGATE FL 33063

2651 ROCK ISLAND ROAD
MARGATE FL 33063

3. Date Incorporated or Qualified
02/07/1995

3a. Date of Last Report
INITIAL YEAR

2. Principal Place of Business

2a. Mailing Address

21 9600 WEST SAMPLE RD.

26 9600 WEST SAMPLE RD.

4. FEI Number
65-0560935

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 SUITE 301

27 SUITE 301

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

City & State

City & State

23 CORAL SPRING, FL

28 CORAL SPRING, FL

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

24 33065

25 U.S.

29 33065

30 U.S.

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GARDARSSON, MAGNUS
2651 ROCK ISLAND ROAD
MARGATE FL 33063

81 Name

MAGNUS GARDARSSON

82 Street Address (P.O. Box Number is Not Acceptable)

9600 WEST SAMPLE RD.

83 Suite, Apt. #, etc.

SUITE 301

84 City

CORAL SPRING

FL

85 Zip Code

33065

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 607.0503, Florida Statutes.

SIGNATURE

Magnus Gardarsson

08.06.96

(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
NAME D
STREET ADDRESS GARDARSSON, MAGNUS
CITY-ST-ZIP 2651 ROCK ISLAND ROAD
MARGATE FL 33063

☐ DELETE

11 TITLE ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

12 NAME
13 STREET ADDRESS 9600 WEST SAMPLE RD.
14 CITY-ST-ZIP CORAL SPRING, FL 33065

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

21 TITLE ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

31 TITLE ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

41 TITLE ☐ Change ☐ Addition

SIGNATURE:

Magnus Gardarsson
MAGNUS GARDARSSON

08.06.96

8-6-96 (414) 796-4030

Date

Phone Number

CR2E034 (3/96)