FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT 1998



Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # 1. Corporation Name P95000054138 (9)

RETAILER CONCENTRATE PRODUCTS, INC.

FILED May 01 1998 8:00am Secretary of State



Principal Place	e of Business	Mailing Address				
1000 CORPORATE DRIVE		1000 CORPORATE DRIVE				
FORT LAUDERDALE FL 33334		FORT LAUDERDALE FL 33334				
						DO NOT WRITE IN THIS SPACE
						3. Date Incorporated or Qualified 07/13/1995
	ace of Business	2a. Mailing Address				4. FEI Number Applied For
21 709 W	estchester Avenue	26 709 Westchester Avenue			nue	65-0596569 Not Applicable
Sulte, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired S8.75 Additional
22		27				Fee Required
City & State		City & State				Election Campaign Financing \$5.00 May Be
120	Plains, NY	28 White Plains, NY			Trust Fund Contribution Added to Fees	
Zip	Country	Ζφ	Coun			8. This corporation owes or has paid the current year Intangible
24 10604			o US	5		Personal Property Tax due June 30. X Yes No
Name and Address of Current Registered Agent					Name	10. Name and Address of New Registered Agent
	CORPORATION SYSTEM		'	81	name	
1200 SOU TH PINE ISLAND ROAD			Į.	B2	Street Add	dress (P.O. Box Number is Not Acceptable)
PLANTATION FL 33324			Ļ			
],	83		
			į į	84	City	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 bolh, in the State of Florida, Suich 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.						
agent I a	m familiar with, and accept the obligate	ons of, Section 607.0505, Flori	da Statu	ites.	no corpore	and to board of directors, protecting decopy the appointment do regionale
SIGNATURE Signature, typed or protect name of registers diagnost also fill diagnost the (NOTE: Registered Agent signature required when reinstating) DATE						
12,	OFFICERS AND		13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	DPC	DELETE	1.1 TITU	E	T	Change Addition
NAME	CARSON, JOHN C		1.2 NAN	ΛE		
STREET ADDRESS	1000 CORPORATE DRIVE		1.3 STR	EET AD	DDRESS	
CITY-ST-ZIP	FORT LAUDERDALE FL 33334		1.4 CITY	y - S1 -	ZIP	
TITLE	DVS	DELETE	2.1 100			Change Addition
NAME	GIMSON, CURTIS S		2.2 NAM	ИE		
STREET ADDRESS	1000 CORPORATE DRIVE		2.3 STRI	EET AC	DDRESS	
CITY-ST-ZIP	FORT LAUDERDALE FL 33334		2. 4 CIT		1	
TITLE	DVC	À DELETE	3.1 TITL		- 1	V Change Addition
NAME	THOMAS, KENNETH A		3.2 NAN	ΛE	1	Robert J. Crowe
STREET ADDRESS	1000 CORPORATE DRIVE		3.3 STR	EET AD	DDRESS	280 Park Avenue, 24th Floor
CITY-ST-ZIP	FORT LAUDERDALE FL 33334		3.4. CIT		1.	New York, NY 10017
TITLE	V	DELETE	4 1 TITL			Change Addition
NAME	MCCARRON, FRANCIS T		4. 2 NA	ME		
STREET ADDRESS	280 PARK AVENUE, 41ST FLOO	OR	4.3 STR	EET AD	DDRESS	'
CITY-ST-ZIP	NEW YORK NY 10017		4.4 0(1)			İ
TITLE	VĪ	DELETE	5.1 T(TL			Change Addition
NAME	SHULTZ, THOMAS E		5.2 NAM		f	
STREET ADDRESS	280 PARK AVENUE, 41ST FLOO	OR	5.3 S1R		DDRESS	
CITY-ST-ZIP	NEW YORK NY		5.4 CITY		1	
TITLE	8	X DELETE	6.1 1/11			V S Change X Addition
NAME	WADE, MARY C	_	6.2 NAN			Stuart I. Rosen
STREET ADDRESS	280 PARK AVENUE, 41ST FLOO	OR	6.3 STR			280 Park Avenue, 24th Floor
CITY-ST-ZIP	NEW YORK NY		6.4 CITY		,	New York, NY 10017
ALLIA SILELL			0.7 0111			

14. Thereby 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 supplience that 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 trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if chapted, or once a qualified to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if chapted, or once a qualified to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if chapted. Or once a qualified to execute this report as required by Chapter 607, Florida Statutes. I further certify that the information indicated on this annual report of the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report of the exemption stated in Section 119.07(3)(ii), Florida Statutes. I further certify that the information indicated on this annual report of the exemption stated in Section 119.07(3)(ii), Florida Statutes. I further certify that the information indicated on this annual report of the exemption stated in Section 119.07(3)(ii), Florida Statutes. I further certify that the information indicated on the exemption stated in Section 119.07(3)(ii), Florida Statutes. I further certify that the information indicated on the exemption stated in Section 119.07(3)(ii), Florida Statutes. I further certify that the information indicated on the inform