

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

FILED

Apr 24 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P95000074252 (4)

1. Corporation Name  
KC DISTRIBUTORS, INC.

Principal Place of Business 5059 NORTHEAST 18TH AVENUE, SUITE 2A FORT LAUDERDALE FL 33334	Mailing Address 5059 NORTHEAST 18TH AVENUE, SUITE 2A FORT LAUDERDALE FL 33334
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/26/1995

4. FEI Number

65-0609543

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 owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21 221 E. COMMERCIAL BLVD

Suite, Apt. #, etc.

22

City & State

23 FT. LAUDERDALE, FL

Zip

24 FL. 33334

Country

25 USA

2a. Mailing Address

26 221 E. COMMERCIAL BLVD

Suite, Apt. #, etc.

27

City & State

28 FT. LAUDERDALE, FL

Zip

29 FL. 33334

Country

30 USA

9. Name and Address of Current Registered Agent

THE LAW FIRM OF LAWRENCE J SPIEGEL CHRTD  
343 ALMERIA AVENUE  
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name

FELDER, LAWRENCE D

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

1417 SE 1ST AVENUE

83

84 City

FT. LAUDERDALE

FL

85 Zip Code

33316

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

*Lawrence J Spiegel*

(NOTE: Registered Agent signature required when reinstating)

4.16.98

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☒ DELETE

NAME CAMPBELL, KENNETH  
STREET ADDRESS 5059 NORTHEAST 18TH AVENUE, SUITE 2A  
CITY-ST-ZIP FORT LAUDERDALE FL 33334

TITLE STD ☒ DELETE

NAME CAMPBELL, JEANETTE A  
STREET ADDRESS 5059 NORTHEAST 18TH AVENUE, SUITE 2A  
CITY-ST-ZIP FORT LAUDERDALE FL 33334

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD ☒ Change ☐ Addition

1.2 NAME CAMPBELL, KENNETH  
1.3 STREET ADDRESS 2030 NE 52 STREET  
1.4 CITY-ST-ZIP FT. LAUDERDALE, FL. 33308

2.1 TITLE STD ☒ Change ☐ Addition

2.2 NAME CAMPBELL, JEANETTE A.  
2.3 STREET ADDRESS 2030 NE 52 STREET  
2.4 CITY-ST-ZIP FT. LAUDERDALE, FL. 33308

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. 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:

*Kenneth Campbell* KENNETH CAMPBELL 4/3/98

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0600271

CR2E034 (10/97)