

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

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Mar 07 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # G26452 (4)
 1. Corporation Name
THE R. & D. GROUP, INC.



Principal Place of Business 5153 NW 49TH AVE COCONUT CREEK FL 33073	Mailing Address 5153 NW 49TH AVE COCONUT CREEK FL 33073-4903
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 03/03/1983	3a. Date of Last Report 04/22/1996
21 Suite, Apt. #, etc.	26	27	28	4. FEI Number 59-2272268	Applied For Not Applicable
22 City & State	27	28	29	5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
23 Zip	24	25	26	6. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees
27 Country	28	29	30	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No	

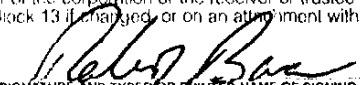
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
BROGAN, LAURA 540 EAST MCNABB RD SUITE C POMPANO BEACH FL 33060		81 Name	
		82 Street Address (P.O. Box Number is Not Acceptable)	
		83	
		84 City	FL 85 Zip Code

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 _____ (Note: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	BACON, ROBERT E.	1.2 NAME	
STREET ADDRESS	5153 NW 49TH AVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	COCONUT CREEK FL	1.4 CITY-ST-ZIP	
TITLE	VD ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	BACON, GABRIELLA	2.2 NAME	
STREET ADDRESS	5153 NW 49TH AVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	COCONUT CREEK FL	2.4 CITY-ST-ZIP	
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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:  _____
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)