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

PROFIT CCRPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # **L49616**

1. Corporation Name

RNB ENTERPRISES, INC.

Mailing Address Principal Place of Business C/O RALF H. SIMON C/O RALF H SIMON 950 62ND AVENUE NORTH 950 62ND AVENUE NORTH DO NOT WRITE IN THIS SPACE ST. PETERSBURG FL 33702 ST. PETERSBURG FL 33702 3. Date Incorporated or Qualifed 02/08/1990 4. FEI Nu nber App ied For 2. Principal Place of Business 2a. Mailing Address 59-2988406 Not Applicable 21 26 Suite, Apt. #, etc. \$8.75 Acditional Suite, Apt. #, etc. П 5. Certificate of Status Desired Fee Required 27 22 City & S ate City & State 6. Election Campaign Financing \$5.00 May Be П Added to Fees Trust Fund Contribution 23 28 Country Country Zip 8. This corporation owes the current year Intangible Zip Personal Property Tax. 30 29 24 25 10. Name and Address of New Registered Agent 9. Name and Add ess of Current Registered Agent SIMON, RALF H. 82 Street Address (P.O. Box Number is Not Acceptable) 950 62ND AVENUE NORTH ST. PETERSBURG FL 33702 83 85 Zip Code 84 City 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 cirectors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE (NOT::: Registered Agent signature required when reinstating) Signature, typed or printed na ne of registered agent and title if applicable. ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR S IN 12 OFFICERS AND DIRECTORS 12 13. DELETE Change ☐ Addition 11 TITLE TITLE SIMON, RALF H. NAME 690 EAGLE LANE 1.3 STREET ADDRESS STREET ADDRESS LANSDALE PA 1.4 CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change DELETE 2.1 TITLE TITLE SIMON, NANCY L. 22 NAME NAME 690 EAGLE LANE 2.3 STREET ADDRESS STREET ADDRESS LANSDALE PA 2 4 CITY-ST-ZIP CITY-ST-ZIP Addition Change DELETE 31 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP □ DELETE ☐ Change ☐ Addition 4.1 TITLE TITLE 4 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ DELETE 5.1 TITLE TITLE 52 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS

CITY-ST-ZIP 14. I heretly 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 changes, or on an attachment with an address, with all other like empowered.

5.4 CITY-ST-ZIP

64 CITY-ST-ZIP

6.3 STREET ADDRESS

S1TITE

6.2 NAME

SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME

TED NAME OF SIGNING OFFICER ON DIRECTOR

DELETE

**FILED** 

Apr 26, 1999 8:00 am Secretary of State

04-26-1999 90102 031 \*\*\*150.00

☐ Change

Addition

(11/98)CR2E034