

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # P95000050855 (2)

1. Corporation Name

RP PARTNERS OF FLORIDA, INC.



Principal Place of Business

Mailing Address

9694 C BOCA GARDENS PARKWAY
BOCA RATON FL 33496

9694 C BOCA GARDENS PARKWAY
BOCA RATON FL 33496

3. Date Incorporated or Qualified

06/29/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 1750 N. FEDERAL HIGHWAY

26

4. FEI Number

65-0590881

Applied For

Not Applicable

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

5. Certificate of Status Desired

\$8.75 Additional Fee Required

23 City & State

28 City & State

POMPANO BEACH, FL

6. Election Campaign Financing

\$5.00 May Be Added to Fees

24 Zip

25 Country

29 Zip

30 Country

BROWARD

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

CHEN, KYLE M
9694 C BOCA GARDENS PARKWAY
BOCA RATON FL 33498

81 Name

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

300001835073
-05/22/96--01094--005

84 City

***200.00

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: KYLE M. CHEN

Signature, typed or printed name of registered agent and fee. If applicable:

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

1.1 TITLE	CHAIRMAN <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	WILLIAM H. HUNT
1.3 STREET ADDRESS	26407 STRAWBERRY LANE
1.4 CITY - ST - ZIP	WESTLAKE, OH 44145
2.1 TITLE	PRESIDENT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	KYLE M. CHEN
2.3 STREET ADDRESS	9694 C BOCA GARDENS PARKWAY
2.4 CITY - ST - ZIP	BOCA RATON, FL 33496
3.1 TITLE	VICE PRESIDENT + TREASURER <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	LIENYUN CHEN
3.3 STREET ADDRESS	9694 C BOCA GARDENS PARKWAY
3.4 CITY - ST - ZIP	BOCA RATON, FL 33496
4.1 TITLE	VICE PRESIDENT + SECRETARY <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	MILDRED F. HARLEY
4.3 STREET ADDRESS	27082 BUTTERNUT RIDGE ROAD
4.4 CITY - ST - ZIP	NORTH OLMSTED, OH 44070
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

5-1-96

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: William H. Hunt
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-96 (216)566-8200
Date Daytime Phone #

CR2E034 (12/95)