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May 09 1997 8:00am  
Secretary of State

PROFIT CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # **S59068** (4)  
1. Corporation Name  
**R AND R LEMARBRE, INCORPORATED**



Principal Place of Business      Mailing Address  
**13951 HARBORVIEW DR  
SEMINOLE FL 34848  
US**      **13951 HARBORVIEW DR  
SEMINOLE FL 33778-3714  
US**

3. Date Incorporated or Qualified: **06/12/1991**      3a. Date of Last Report: **06/05/1996**  
4. FEI Number: **65-0269068**      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 has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business      2a. Mailing Address  
21      26  
Suite, Apt. #, etc.      Suite, Apt. #, etc.  
22      27  
City & State      City & State  
23      28  
Zip      Country      Zip      Country  
24      25      29      30

9. Name and Address of Current Registered Agent  
**CACCIATORE, FRANK  
2803 NORTH "B" ST.  
TAMPA FL 33609**

10. Name and Address of New Registered Agent  
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  
TITLE      VTD       DELETE  
NAME      **LEMARBRE, RICHARD**  
STREET ADDRESS      **13951 HARBORVIEW DR**  
CITY-ST-ZIP      **SEMINOLE FL**  
TITLE      PSD       DELETE  
NAME      **LEMARBRE, RITA**  
STREET ADDRESS      **13951 HARBORVIEW DR.**  
CITY-ST-ZIP      **SEMINOLE FL**  
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       Change       Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP  
2.1 TITLE       Change       Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP  
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 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 REQUIRED**      4-29-97      813-398-5627  
Date      Daytime Phone #

CR2E034 (9/96)