

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **S78641** (5)
1. Corporation Name
RNBF COMPANY



Principal Place of Business: **2211 OKEECHOBEE ROAD FORT PIERCE FL 34950-6552**
Mailing Address: **2211 OKEECHOBEE ROAD FORT PIERCE FL 34950-6552**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 09/05/1991	3a. Date of Last Report 04/20/1995
21	Street, Apt. #, etc.	26	Street, Apt. #, etc.	4. FEI Number 59-3067031	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
POLACKWICH, ALAN S., SR. 2770 INDIAN RIVER BLVD. SUITE 501 VERO BEACH FL 32960				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	SMITH, VERNON D		1.2 NAME				
STREET ADDRESS	2211 OKEECHOBEE RD.		1.3 STREET ADDRESS				
CITY- ST- ZIP	FORT PIERCE FL		1.4 CITY- ST- ZIP				
TITLE	D	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	GIORDANO, JOHN F		2.2 NAME				
STREET ADDRESS	2211 OKEECHOBEE RD		2.3 STREET ADDRESS				
CITY- ST- ZIP	FORT PIERCE FL		2.4 CITY- ST- ZIP				
TITLE	VD	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	MCGRATH, LARRY		3.2 NAME				
STREET ADDRESS	2211 OKEECHOBEE RD		3.3 STREET ADDRESS				
CITY- ST- ZIP	FORT PIERCE FL		3.4 CITY- ST- ZIP				
TITLE	STD	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	HENLEBEN, ROBERT		4.2 NAME				
STREET ADDRESS	2211 OKEECHOBEE ROAD		4.3 STREET ADDRESS				
CITY- ST- ZIP	FT. PIERCE FL		4.4 CITY- ST- ZIP				
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREET ADDRESS				
CITY- ST- ZIP			5.4 CITY- ST- ZIP				
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> 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 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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)