Mailing Address

**TAMPA FL 33602** 

SUITE 200

500 E KENNEDY BLVD

**PROFIT** CORPORATION **ANNUAL REPORT** 

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS** 

## DOCUMENT # **P94000057690**1. Corporation Name

Principal Place of Business

500 E KENNEDY BLVD

SUITE 200

TAMPA FL 33602

RGB INVESTMENTS, INC.

	_						3. Date Incorporated or Qualifed			
							08/04/1994			
2 Principal Pt	ace of Business	2a. Mailing Ac	dress				4. FEI Number		Apr	plied For
21		26					65-0514208		Not	Applicable
Suite, Apt. i	# etc.	Suite, Apt.	. #. etc.						\$8.75 A	dditional
22	,, 5.6.	27					5. Certifcate of Status Desired		Fee Red	
City & State City & State						-	6. Election Campaign Financing		\$5.00	May Be
23		28					Trust Fund Contribution		Added to	
Zip				Country			g. This corporation owes the cum	rent vear Int	angible	
24	25	29	30				Personal Property Tax.	,		□No
24	9. Name and Address of Current	<u> </u>					10. Name and Address of New I	Registered	Agent	
g, righte and right and an animin to Blazar and animin to Blazar animin to Bla						e				
GOLDSTEIN, BRUCE S										
500 E KENNEDY BLVD				82	Stree	t Addres	ss (P.O. Box Number is Not Accept	able)		
SUITE 200				83				<del></del> -		
TAMPA FL 33602										
17 433				84	City			FL	85 Zip C	ode
11 Pursuant t	to the provisions of Sections 607.0502	2 and 607.1508, FI	orida Statutes, t	the above	-name	d corpor	ration submits this statement for the	purpose of	changing its	registered
office or re	egistered agent, or both, in the State of	of Florida. Such ch	ange was autho	onzed by	tne co	poration	i's board of directors. I hereby acce	pt the appoi	ntment as reg	jistered
agent. i ar	m familiar with, and accept the obligat	ions or, Section 60	17.0505, Florida	Statutes	•		•			
SIGNATURE	Signature, typed or printed name of registered agen	and title if applicable	/NOTE: Regi	istered Agen	1 signatur	e required v	when reinstating)	DATE		
12.	OFFICERS AN		(110121119	13.			ADDITIONS/CHANGES TO OF	FICERS AN	D DIRECTO	RS IN 12
TITLE	DP		DELETE	1.1 TITLE		DP:			Change Change	☐ Addition
NAME	GOLDSTEIN, BRUCE			1.2 NAME		]				i
STREET ADDRESS	500 E. KENNEDY BLVD. SUITE	200		1.3 STREET	ADDRES	ss				
CITY-ST-ZIP	TAMPA FL	200		1.4 CITY-S	T-73P					
TITLE	DVTS	×	DELETE	2.1 TITLE		+			☐ Change	☐ Addition
NAME	RYDBERG, MARSHA G.			2.2 NAME		-				
\	500 E. KENNEDY BLVD. SUITE	200		2.3 STREET	. VUUDE					)
STREET ADDRESS		200				5				أ. ي
CITY-ST-ZIP	TAMPA FL		DELETE	2.4 CITY-S	1-41				Change	☐ Addition
TITLE			JULILIE							_
NAME				3.2 NAME		_				:
STREET ADDRESS				3.3 STREET		o5				
CRY-ST-ZIP			DELETE	3.4. CITY-S	T-ZIP	+			☐ Change	☐ Addition
TITLE		L	DECETE	4.1 TITLE						
NAME				4. 2 NAME						
STREET ADDRESS				4.3 STREET		SS				
CITY-ST-ZIP			logi int	4.4 CITY-S	T-ZIP	1		<u> </u>	Change	Addition
TITLE		L_	DELETÉ	5.1 TITLE					☐ Gnange	☐ vacanou
NAME				5.2 NAME			•			
STREET ADDRESS				5.3 STREET	ADDRES	is				
CITY-ST-ZIP				5.4 CITY-S	T-ZIP					
TITLE .			DELETE	6.1 TITLE		_			Change	☐ Addition

14. I 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, open an attachment with an address, with all other like empowered.

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

STREET ADDRESS

1/11/99

(813) 229-3900

**FILED** 

Feb 24, 1999 8:00 am Secretary of State

02-24-1999 90005 002 \*\*\*150.00

DO NOT WRITE IN THIS SPACE

CR2E034 (11/98)