

**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 # **247777** (6)

1. Corporation Name  
**R & D INC**



|   |   |
|---|---|
| Principal Place of Business   | Mailing Address   |
| 1768 PURDY AVE AND 1750 BAY ROAD<br>1768 PURDY AVE AND 1750 BAY ROAD<br>MIAMI BEACH FL 33139-1424 | 1768 PURDY AVE AND 1750 BAY ROAD<br>1768 PURDY AVE AND 1750 BAY ROAD<br>MIAMI BEACH FL 33139-1424 |

|  |  |
|--|--|
| 3. Date Incorporated or Qualified<br><b>05/24/1961</b> | 3a. Date of Last Report<br><b>02/02/1995</b> |
|--|--|

|  |                  |         |             |                                       |  |                  |                  |   |             |                                    |   |  |
|--|------------------|---------|-------------|---------------------------------------|--|------------------|------------------|---|-------------|------------------------------------|---|--|
| 21. Principal Place of Business<br>Suite, Apt. #, etc.   | 22. City & State | 23. Zip | 24. Country | 25. Country                           | 26. Mailing Address<br>Suite, Apt. #, etc. | 27. City & State | 28. City & State | 29. Zip   | 30. Country | 4. FEI Number<br><b>59-0938376</b> | Applied For<br><input type="checkbox"/> | Not Applicable<br><input type="checkbox"/> |
| 5. Certificate of Status Desired <input type="checkbox"/>  |                  |         |             | <b>\$8.75 Additional Fee Required</b> |  |                  |                  | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> |             | <b>\$5.00 May Be Added to Fees</b> |   |  |
| 8. This corporation has liability for intangible tax under s 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |                  |         |             |                                       |  |                  |                  |   |             |                                    |   |  |

**9. Name and Address of Current Registered Agent**

**MAY, RICHARD  
20320 NE 19TH CT.  
NORTH MIAMI BCH. FL 33179**

**10. Name and Address of New Registered Agent**

|          |  |     |           |              |
|----------|--|-----|-----------|--------------|
| 81. Name | 82. Street Address (P.O. Box Number is Not Acceptable) | 83. | 84. City  | 85. Zip Code |
|          |  |     | <b>FL</b> |              |

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:

Signature, typed or printed name of registered agent if not applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

| 12. OFFICERS AND DIRECTORS |   | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |   |
|----------------------------|---|---|---|
| TITLE                      | PD<br>MAY, RICHARD<br>20320 NE 19TH CT.<br>N. MIAMI BCH. FL | 1.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |   | 1.2 NAME  |   |
| STREET ADDRESS             |   | 1.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                |   | 1.4 CITY-ST-ZIP                                       |   |
| TITLE                      | D<br>MAY, JOY B<br>800 NE 195TH STREET<br>N. MIAMI BCH. FL  | 2.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |   | 2.2 NAME  |   |
| STREET ADDRESS             |   | 2.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                |   | 2.4 CITY-ST-ZIP                                       |   |
| TITLE                      | <input type="checkbox"/> DELETE                             | 3.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |   | 3.2 NAME  |   |
| STREET ADDRESS             |   | 3.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                |   | 3.4 CITY-ST-ZIP                                       |   |
| TITLE                      | <input type="checkbox"/> DELETE                             | 4.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |   | 4.2 NAME  |   |
| STREET ADDRESS             |   | 4.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                |   | 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:

*Richard May*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/19/96 305 5384517

Date

Daytime Phone #

CR2E034 (12/95)