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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # 357453

R. LINDUSTRIES INC.

11 0 11100	, orrings into							
Principal Place of Business Mailing Address					* 100/00 1/101 0/1/1 105/1 0/101	JI314 IIII WIWIY WI	7f) B1811 B1811 B1	JII 11917 1007
6014 NW 75 COURT 6014 NW 75 COURT						-		
PARKLAND FL 33067-3338 PARKLAND FL 33067-3338					DO NOT WE	ITE IN THIS	CDACE	
US US					3. Date Incorporated or Qualifed	RITE IN THIS	SPACE	
					12/30/1969	1		
		a Mailing Address			4. FEI Number		Anr	lied For
2. Principal Place of Business 2a. Mailing Address					59-1278959		12-21	Applicable
21 26 Suite, Apt. #, etc. Suite, Apt. #, etc.					39 12/0339		\$8.75 Ad	
					5. Certifcate of Status Desired	□	Fee Rec	
22 27					6. Election Campaign Financing		\$5.00 N	May Bo
					Trust Fund Contribution		Added to	
Zip	Country	Zip	Country	,	8. This corporation owes the cu	rrent vear Inta		-
	25		30		Personal Property Tax.			□No
24	9. Name and Address of Curren		301		10. Name and Address of New	Registered /	Agent	
	5. Humo and House to a serior		81	Name	21.1.5			
BLAKE, JANET				7	SLAKE JANI			
940 NW 201 WAY			82	Street Add	ress (P.O. Box Number is Not Accep	zable)	01	
	BROKE PINES FL 33029		83		B. 6817 10.W.	<u> 2 10 1</u>	<u> </u>	
_			L					067
			84		41.	FL	85 Zip C	ode
	to the provisions of Sections 607.050	2 and 607 1509 Elorida Statuta	s the abov	WAY	poration submits this statement for th		changing its:	registered
office or o	egistered agent, or both, in the State	of Florida. Such change was au	ithorized by	tne corporati	on's board of directors. I hereby acco	apt the appoir	itment as reg	istered
agent. I a	m familiar with, and accept the obliga	tions of, Section 607.0505, Flori	ida Statute:	S.				
SIGNATURE	Signature, typed or printed name of registered agen	ANOTE I	Businteed Age	et eigneture regulire	d when reinstating)	DATE		
		ID DIRECTORS	13.	ni agriatora regoire	ADDITIONS/CHANGES TO O		D DIRECTOR	RS IN 12
12.	PD	DELETE	1.1 TITLE			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Change	Addition
NAME	BLAKE,ROBERT		1.2 NAME					1
	940 NW 201 WAY			T ADDRESS				
STREET ADDRESS	PEMBROKE PINES FL		1.4 CITY-ST-ZIP				•	
CITY-ST-ZIP	SD DELETE		2.1 TITLE	31-2IF			Change	Addition
TITLE			2.2 NAME					_ [
NAME	BLAKE, JANET			T 4 DODECC				
STREET ADDRESS	940 NW 201 WAY			TADDRESS		•	45 - F	. *-
CITY-ST-ZIP	PEMBROKE PINES FL	☐ DELETE	2.4 CITY- 3.1 TITLE	\$1.ZP			Change	Addition
TITLE	VD	- Pereic	1					_
NAME	KLEINBART, MARTIN	1040	3.2 NAME					
STREET ADDRESS	3640 YACHT CLUB SDR STE 1	עוע	l.	T ADDRESS				
CITY-ST-ZIP	N MIAMI FL	☐ DELETE	3.4. CITY- 4.1 TITLE	S1-ZIP			Change	Addition
TITLE		C) DECE IC						
NAME			4. 2 NAME	1				
STREET ADDRESS				TADORESS				
CITY-ST-ZIP	<u> </u>		4.4 CITY-1	ST-ZIP	1		Change	☐ Addition /
TITLE		☐ DELETE	5.1 TITLE 5.2 NAME					
NAME				T ADDRESS	•	•		
STREET ADDRESS								
CITY-ST-ZIP			5.4 CITY-S 6.1 TITLE	51-4P			Change	Addition
TITLE		☐ DELETE	6.1 HILE				Change	C variable
NAME								
CTDEET ADDDESS			6.3 STREE	T ADDRESS				ļ

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 of 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 addition, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP