

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

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 MAY -1 AM 9:58

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # 624547 (6)

1. Corporation Name

R. P. HOLDING, INC.

Principal Place of Business

**C/O BROAD AND CASSELL
7777 GLADES ROAD SUITE 300
BOCA RATON FL 33434**

Mailing Address

**C/O BROAD AND CASSELL
7777 GLADES ROAD SUITE 300
BOCA RATON FL 33434**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

07/02/1979

3a. Date of Last Report

02/23/1994

2. Principal Place of Business

21

Suite, Apt. #, etc.

2a. Mailing Address

26

Suite, Apt. #, etc.

4. FEI Number

59-1933266

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**

9. This corporation has liability for intangible tax under S. 100.032,
Florida Statutes

☐ Yes

☐ No

9. Name and Address of Current Registered Agent

**DEUTCH, JEFFREY
7777 GLADES ROAD SUITE 300
BOCA RATON FL 33434**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	AS
NAME	RICHTER, MORRIS
STREET ADDRESS	2900 N MILITARY TR 201-S
CITY - ST - ZIP	BOCA RATON, FL 00000
TITLE	DT
NAME	GATTINGER, FRANKLIN J.
STREET ADDRESS	8600 DECARIE BLVD, SUITE 200
CITY - ST - ZIP	TOWN OF MOUNT ROYAL QC
TITLE	PDS
NAME	POMERANTZ, SAUL
STREET ADDRESS	8600 DECARIE BLVD, SUITE 200
CITY - ST - ZIP	TOWN OF MOUNT ROYAL QC
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
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	RESIGNED
1.4 CITY - ST - ZIP	
2.1 TITLE	T/V/D ☒ 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	V/Asst't Secretary/D ☐ Change ☒ Addition
4.2 NAME	Terry Pomerantz
4.3 STREET ADDRESS	8600 Decarie Blvd., Suite 200
4.4 CITY - ST - ZIP	Town of Mount Royal, QC H4P 2N2
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 is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(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: Franklin J. Gattinger

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Franklin J. Gattinger April 12, 1995

(514) 341-8600

Telephone Number