

PROFIT CORPORATION ANNUAL REPORT 1997



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

FILED  
Apr 24 1997 8:00am  
Secretary of State

DOCUMENT # 645103 (3)

1. Corporation Name  
R B E ENTERPRISES, INC.



Principal Place of Business: 924 SHORE DRIVE, NORTH PALM BEACH FL 33408  
Mailing Address: 924 SHORE DRIVE, NORTH PALM BEACH FL 33408-4240

3. Date Incorporated or Qualified: 11/14/1979  
3a. Date of Last Report: 06/27/1996

2. Principal Place of Business: 8281 SE PAUROTIS LN, HOBE SOUND, FL 33455, USA  
2a. Mailing Address: 8281 SE PAUROTIS LN, HOBE SOUND, FL 33455, USA

4. FEI Number: 59-2632552  
5. Certificate of Status Desired:  \$8.75 Additional Fee Required  
6. Election Campaign Financing:  \$5.00 May Be Added to Fees  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

9. Name and Address of Current Registered Agent: SPOELSTRA, RUDOLF J., 924 SHORE DRIVE, NORTH PALM BEACH FL 33408

10. Name and Address of New Registered Agent: SPOELSTRA, RUDOLF J., 8281 SE PAUROTIS LN, HOBE SOUND, FL 33455

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: *Rudolf J. Spoelstra* RUDOLF J. SPOELSTRA 4/17/97  
DATE: 4/17/97

| 12. OFFICERS AND DIRECTORS |                      | DELETED                  |
|----------------------------|----------------------|--------------------------|
| TITLE                      | PD                   | <input type="checkbox"/> |
| NAME                       | SPOELSTRA, RUDOLF J. |                          |
| STREET ADDRESS             | 924 SHORE DR.        |                          |
| CITY-ST-ZIP                | N. PALM BEACH FL     |                          |
| TITLE                      | VSD                  | <input type="checkbox"/> |
| NAME                       | SPOELSTRA, BETTY J.  |                          |
| STREET ADDRESS             | 924 SHORE DR.        |                          |
| CITY-ST-ZIP                | N. PALM BEACH FL     |                          |
| TITLE                      |                      | <input type="checkbox"/> |
| NAME                       |                      |                          |
| STREET ADDRESS             |                      |                          |
| CITY-ST-ZIP                |                      |                          |
| TITLE                      |                      | <input type="checkbox"/> |
| NAME                       |                      |                          |
| STREET ADDRESS             |                      |                          |
| CITY-ST-ZIP                |                      |                          |
| TITLE                      |                      | <input type="checkbox"/> |
| NAME                       |                      |                          |
| STREET ADDRESS             |                      |                          |
| CITY-ST-ZIP                |                      |                          |

| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |                      | Change                              | Addition                 |
|---|----------------------|-------------------------------------|--------------------------|
| 1.1 TITLE   |                      | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 1.2 NAME  |                      |                                     |                          |
| 1.3 STREET ADDRESS                                    | 8281 SE PAUROTIS LN  |                                     |                          |
| 1.4 CITY-ST-ZIP                                       | HOBE SOUND, FL 33455 |                                     |                          |
| 2.1 TITLE   |                      | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 2.2 NAME  |                      |                                     |                          |
| 2.3 STREET ADDRESS                                    | 8281 SE PAUROTIS LN  |                                     |                          |
| 2.4 CITY-ST-ZIP                                       | HOBE SOUND, FL 33455 |                                     |                          |
| 3.1 TITLE   |                      | <input type="checkbox"/>            | <input type="checkbox"/> |
| 3.2 NAME  |                      |                                     |                          |
| 3.3 STREET ADDRESS                                    |                      |                                     |                          |
| 3.4 CITY-ST-ZIP                                       |                      |                                     |                          |
| 4.1 TITLE   |                      | <input type="checkbox"/>            | <input type="checkbox"/> |
| 4.2 NAME  |                      |                                     |                          |
| 4.3 STREET ADDRESS                                    |                      |                                     |                          |
| 4.4 CITY-ST-ZIP                                       |                      |                                     |                          |
| 5.1 TITLE   |                      | <input type="checkbox"/>            | <input type="checkbox"/> |
| 5.2 NAME  |                      |                                     |                          |
| 5.3 STREET ADDRESS                                    |                      |                                     |                          |
| 5.4 CITY-ST-ZIP                                       |                      |                                     |                          |
| 6.1 TITLE   |                      | <input type="checkbox"/>            | <input type="checkbox"/> |
| 6.2 NAME  |                      |                                     |                          |
| 6.3 STREET ADDRESS                                    |                      |                                     |                          |
| 6.4 CITY-ST-ZIP                                       |                      |                                     |                          |

14. I do 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, or on an attachment with an address.

SIGNATURE: *Rudolf J. Spoelstra* RUDOLF J. SPOELSTRA, PRES. 4/17/97 219-4184  
DATE: 4/17/97 DAYTIME PHONE: 219-4184

CR2E034 (9/96)