PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 645103

(3)

R B E ENTERPRISES, INC.

Principal Place of Business

924 SHORE DRIVE

Mailing Address

924 SHORE DRIVE

NORTH PALM BEACH FL 33408-4240

FILED Apr 24 1997 8:00am Secretary of State



NORTH PALM BEACH FL 33408		NORTH PALM BEACH FL S	3408-4240					
					3. Date Incorporated or Qualified 11/14/1979	3a. Date of 06/27/		oort
2. Principal Place of Business		2a. Mailing Address		0	4. FEI Number		App	lied For
	irotis lin	1 26 8281 SE. PA	JUROT	18 L	N 59-2632552			Applicable
Suite, Apt #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired		8.75 Ad Fee Requ	
City & State 3 HOBE SOUN	O, FL	City & State 28 HOBE SOU	ND , I	>ر	Election Campaign Financing Trust Fund Contribution		5.00 M Added to	
710 C 4 33455 25	ountry USA	Zip 29 33455	Country	M	This corporation has liability for Florida Statutes	intangible tax u Yes 🔲 No		99.032,
	Address of Current				10. Name and Address of New R			
SPOELSTRA, RUDO 924 SHORE DRIVE NORTH PALM BEAU			81 82 83	Street Ac	SPOELSTRA, PUO Idress (P.O. Box Number is Not Accepta 8) SE PAUROT		, ,	
			84	City H	OBE SOUND	FL 85	Zip Co	AS.S
11. Pursuant to the previsions of office or registered agent, capent. Lam familiar with an	f Sections 607,0502 r both, in the State of accept the obligation	and 607.1508, Florida Statute of Florida. Such change was a tions of, Section 607.0505, Flo	es, the above authorized by orida Statutes	-named ci the corpo	orporation submits this statement for the tration's board of directors. I hereby acce	purpose of cha ppt the appointr	nging its nent as re	registered gistered
SIGNATURE TIME	Lafe- ed name of registered agen	_	-		A 4/ quired when reinstating)	7/97 DATE		
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFI	CERS AND DIR	ECTORS	IN 12
TILE PD		DELETE	1.1 TITLE				Change	Addition
NAME SPOELSTRA,			1.2 NAME		• • • • • •			
STREET ADDRESS 924 SHORE (_		1.3 STREET	adoress	828ISE PAUROTI	s ln		
CITY-S1-ZIP N. PALM BEA	CH FL		1,4 CITY-S	r- ZIP	HOBE SOUND , FL	. <u>3345</u>	2	
THLE VSD	nerry (☐ DELETE	2.1 TITLE			الطا	Ch ange	Addition
NAME SPOELSTRA,			2.2 NAME		So Di com di co			
STREET ADDRESS 924 SHORE (23 STREET		8281 SE PAUROTI	S IN		سر
COLY ST-ZIP N. PALM DEA	On FL	DELETE	2 4 CITY-S 3 1 TITLE	T-ZIP	HOBE SOUND	1 26	Change	Addition
1		_ occin	1				>um.8e	L AUGILION
NAME CONTRACTOR			3.2 NAME 3.3 STREET	10 minton				
STREET ADDRESS COTY - STI - ZIP			3.3 STREET					
TITLE		DELETE	4.1 TITLE	1-ZIF			Change	Addition
NAME			4. 2 NAME					
STREET ADDRESS			4.3 STREET	ADDRESS				
CITY - ST - ZIP			4.4 CITY-S					
THILE		DELETE	5.1 TITLE				Change	Addition
NAMF			5.2 NAME					
STREET ADORESS			5.3 STREET	ADDRESS				
City-St-Zif			5.4 CiTY-S	r-ziP				
THLE		☐ DELETE	61 TITLE				Change	Addition
NAME			62 NAME	[•			
STREET ADDRESS			6.3 STREET	ADDRESS				
C-TY-ST-ZIP			6.4 CITY - S	r-zip				
### Called the second second State State State	and a second second second second	1 (2) (1) (42) 1 (43)			1 11 0 V 140 07(0)() Et de 0(1)	1.2		

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: