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Feb 27 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # 650828 (7)

1. Corporation Name  
REGIONAL RESEARCH ASSOCIATES, INC.

Principal Place of Business  
2481 NW BOCA RATON BLVD.  
SUITE B  
BOCA RATON FL 33431

Mailing Address  
2481 NW BOCA RATON BLVD.  
SUITE B  
BOCA RATON FL 33431-6676



3. Date Incorporated or Qualified 01/10/1980  
3a. Date of Last Report 02/29/1996

|                                |                        |  |   |
|--------------------------------|------------------------|--|---|
| 2. Principal Place of Business | 2a. Mailing Address    | 4. FEI Number  | Applied For   |
| 21 Suite, Apt. #, etc.         | 26 Suite, Apt. #, etc. | 59-1962889   | Not Applicable  |
| 22 City & State                | 27 City & State        | 5. Certificate of Status Desired                       | \$8.75 Additional Fee Required  |
| 23 Zip                         | 28 Zip                 | 6. Election Campaign Financing Trust Fund Contribution | \$5.00 May Be Added to Fees   |
| 24 Country                     | 29 Country             | 30   | 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes |
|                                |                        |  | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                     |

9. Name and Address of Current Registered Agent

GATSOS, ELAINE M.  
1499 WEST PALMETTO PARK ROAD  
SUITE 412  
BOCA RATON FL 33486

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

| 12. OFFICERS AND DIRECTORS |                     | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |   |
|----------------------------|---------------------|---|---|
| TITLE                      | ST                  | 1.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | SCHULTZ, RON        | 1.2 NAME  |   |
| STREET ADDRESS             | 3300 N.W. 90TH AVE. | 1.3 STREET ADDRESS                                    |   |
| CITY - ST - ZIP            | CORAL SPRINGS FL    | 1.4 CITY - ST - ZIP                                   |   |
| TITLE                      | P                   | 2.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | STRONGE, WILLIAM B. | 2.2 NAME  |   |
| STREET ADDRESS             | 270 N.W. 38TH AVE.  | 2.3 STREET ADDRESS                                    |   |
| CITY - ST - ZIP            | BOCA RATON FL       | 2.4 CITY - ST - ZIP                                   |   |
| TITLE                      |                     | 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                      |                     | 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                      |                     | 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                      |                     | 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 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 in an attachment with an address.

SIGNATURE: Ronald R. Schultz RONALD R. SCHULTZ 1/4/97 561-750-6761  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)