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PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 650828

1. Corporation Name
REGIONAL RESEARCH ASSOCIATES, INC.

Principal Place of Business

270 N.W. 38TH ST
SUITE B
BOCA RATON FL 33431
US

Mailing Address

270 N.W. 38TH ST
SUITE B
BOCA RATON FL 33431
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/10/1980

4. FEI Number

59-1962889

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

8. This corporation owes the current year Intangible
Personal Property Tax.

Yes ☐ No ☒

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

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

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 ☐ DELETE

NAME ST
ST SCHULTZ, RON
STREET ADDRESS 3300 N.W. 90TH AVE.
CITY-ST-ZIP CORAL SPRINGS FL

TITLE ☐ DELETE

NAME P
NAME STRONGE, WILLIAM B.
STREET ADDRESS 270 NW 38TH ST
CITY-ST-ZIP BOCA RATON FL

TITLE ☐ DELETE

NAME GATSOS, ELAINE M.
NAME GATSOS, ELAINE M.
STREET ADDRESS 1499 WEST PALMETTO PARK ROAD, SUITE 412
CITY-ST-ZIP BOCA RATON FL

TITLE ☐ DELETE

NAME ST
NAME ST
STREET ADDRESS ST
CITY-ST-ZIP ST

TITLE ☐ DELETE

NAME ST
NAME ST
STREET ADDRESS ST
CITY-ST-ZIP ST

TITLE ☐ DELETE

NAME ST
NAME ST
STREET ADDRESS ST
CITY-ST-ZIP ST

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ 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 ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

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 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, with all other like empowered.

SIGNATURE: RONALD R. SCHULTZ

Date

Daytime Phone #

CR2E034(1/98)