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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F01688

1. Corporation Name

R.R.V. ASSOCIATES, INC.

FILED Feb 08, 1999 8:00am **Secretary of State**

02-08-1999 90064 030 ***150.00



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Principal Place	of Business	Mailing Address					
40 CUTTERMILLE		40 CUTTERMILLE RD STE 50)9				
201 GREAT NICK NY 11021		201 Great Nick Ny 11021		DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 10/15/1980			
US		US					
		2a. Mailing Address		<u></u>	4. FEI Number	Π_	pplied For
2. Principal Pl	ace of Business	<u> </u>			59-2141859		ot Applicable
21		26		·	39 2 14 1039		Additional
Suite, Apt. i	#, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired	• -	Required
22		27 Cib. 8 State			4 Claric Occupies Figuresian		
City & State	•	City & State			6. Election Campaign Financing Trust Fund Contribution		May Be to Fees
23		28 Zip	Count	trv			10 1 000
—₁ Žip	Country	Zip	_	uy	 This corporation owes the current year I Personal Property Tax. 	ntangibie □Yes	X No
24	[25]		30		10. Name and Address of New Registere		
	9. Name and Address of Current	Kedisteled Wallt		31 Name			
CTC	ORPORATION SYSTEM		`				<u> </u>
7 1200	SOUTH PINE ISLAND ROAD		₹	32 Street Add	ress (P.O. Box Number is Not Acceptable)		
	ITATION FL 33324		-	B3	(1) (4) (4) (5) (5) (5) (5) (5) (5) (5) (5) (5) (5	Piali Piali Bian	2180 E184 188 2181 E181 E85
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	Signature, typed or printed name of registered agent		-	gent signature requir	ed when reinstating): 50 DATE ADDITIONS/CHANGES TO OFFICERS /	AND DIRECT	ORS IN 12
12.	OFFICERS AND		13.	- · · · ·		Change	
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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.

GNATURE:

ALLARE REQUIRED SIGNATURE:

Daytime Phone #