

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

APPROVED AND FILED

1997 JUL 14 PM 12:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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

PROFIT ^{Amended}
CORPORATION
ANNUAL REPORT
1997

DOCUMENT # F16332
1. Corporation Name

R&B Holding Company, Inc.

Principal Place of Business Mailing Address
c/o Gerald F. Bean
10943 S Dixie Highway
Miami, FL 33156

3. Date Incorporated or Qualified **12/29/80** 3a. Date of Last Report **5/2/97**

2. Principal Place of Business 2a. Mailing Address
21 **450 E. Las Olas Blvd.** 26 **450 E. Las Olas Blvd.**

4. FCI Number **59-2169133** Applied For Not Applicable

Suite Apt #, etc. Suite Apt #, etc.
22 **Suite 1200** 27 **Suite 1200**

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

City & State City & State
23 **Ft. Lauderdale, FL** 28 **Ft. Lauderdale, FL**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

Zip Country Zip Country
24 **33301** 25 **Broward** 29 **33301** 30 **Broward**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

Gerald F. Bean
10943 S. Dixie Highway
Miami, FL 33156

81 Name **C T Corporation System**
82 Street Address (P.O. Box Number is Not Acceptable) **1200 S. Pine Island Road**
83
84 City **Plantation** FL 85 Zip Code **33324**

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: *Vicky Goldstein*
Signature typed or printed name of registered agent and title if applicable

VICKY GOLDSTEIN
SPECIAL ASSISTANT SECRETARY
DATE: **7/8/97**

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|----------------|------------------------------------|
| TITLE | <input type="checkbox"/> DELETE |
| NAME | Gerald Bean |
| STREET ADDRESS | 10943 S. Dixie Highway |
| CITY-ST-ZIP | Miami, FL 33156 |
| TITLE | <input type="checkbox"/> DELETE |
| NAME | Robert Harder |
| STREET ADDRESS | 10943 S. Dixie Highway |
| CITY-ST-ZIP | Miami, FL 33156 |
| TITLE | <input type="checkbox"/> DELETE |
| NAME | S/D James O. Cole |
| STREET ADDRESS | 450 E. Las Olas Blvd, #1200 |
| CITY-ST-ZIP | Ft. Lauderdale, FL 33301 |
| TITLE | <input type="checkbox"/> DELETE |
| NAME | Kathleen Hyle |
| STREET ADDRESS | 450 E. Las Olas Blvd. #1200 |
| CITY-ST-ZIP | Ft. Lauderdale, FL 33301 |
| TITLE | <input type="checkbox"/> DELETE |
| NAME | Thomas W. Hawkins |
| STREET ADDRESS | 450 E. Las Olas Blvd. #1200 |
| CITY-ST-ZIP | Ft. Lauderdale, FL 33301 |
| TITLE | <input type="checkbox"/> DELETE |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

| | |
|--------------------|---|
| 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | |
| 1.3 STREET ADDRESS | |
| 1.4 CITY-ST-ZIP | |
| 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | 800002238258--6 |
| 2.3 STREET ADDRESS | -07/15/97--01049--004 |
| 2.4 CITY-ST-ZIP | *****61.25 *****61.25 |
| 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | |
| 3.3 STREET ADDRESS | |
| 3.4 CITY-ST-ZIP | |
| 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | |
| 4.3 STREET ADDRESS | |
| 4.4 CITY-ST-ZIP | |
| 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | |
| 5.3 STREET ADDRESS | |
| 5.4 CITY-ST-ZIP | |
| 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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)(b) 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: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: _____
Telephone # **954-713-5200**

CR2E034 (9/96)

7/14/97