

ANNUAL REPORT

DOCUMENT # F93000004072

Entity Name
RHODES-FORT MYERS/GP, INC.



Principal Place of Business
1990 M STREET NW #650
WASHINGTON, DC 20006

Mailing Address
C/O J.P. METZ COMPANY
1990 M STREET, N.W., STE.#650
WASHINGTON, DC 20036 US

FILED

04 AUG -1 AM 8:35

03/16/04 9:00 AM 032 \$150.00
SECRETARY OF STATE
TAMPA, FLORIDA

03042004 No Chg-P CR2E034 (10/03)

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4. FEI Number
52-1839523
Applied For
Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	AMBROSI, ROBERT J
STREET ADDRESS	1401 BROAD STREET
CITY-ST-ZIP	CLIFTON, NJ 07013
TITLE	VPD
NAME	PEREL, MARC
STREET ADDRESS	1401 BROAD STREET
CITY-ST-ZIP	CLIFTON, NJ 07013
TITLE	SD
NAME	MELROD, JOSEPH K
STREET ADDRESS	1990 M STREET NW #650
CITY-ST-ZIP	WASHINGTON, DC 20036
TITLE	D
NAME	MELROD, DANIEL
STREET ADDRESS	1990 M STREET NW #650
CITY-ST-ZIP	WASHINGTON, DC 20036
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Joseph Melrod

7-27-04 (202) 785-1212

Date

Daytime Phone #