

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Sep 05, 2007 08:00 A**  
**Secretary of State**

**DOCUMENT # F93000004072**

1. Entity Name  
**RHODES-FORT MYERS/GP, INC.**



Principal Place of Business

**6931 ARLINGTON RD.  
510  
BETHESDA, MD 20814**

Mailing Address

**6931 ARLINGTON RD.  
510  
BETHESDA, MD 20814 US**



08132007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

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**

**DO NOT WRITE  
IN THIS SPACE**

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  
Due by September 14, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the  
corporation did not receive the prior notice.

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 6931 ARLINGTON RD  
CITY-ST-ZIP BETHESDA, MD 20814

TITLE D  
NAME MELROD, DANIEL  
STREET ADDRESS 6931 ARLINGTON RD.  
CITY-ST-ZIP BETHESDA, MD 20814

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

U000000773248  
09/05/07-80003-012 150.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

*Joseph Melrod*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**301 657-5595**