

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

FILED  
Mar 03, 1999 8:00 am  
Secretary of State

03-03-1999 90032 016 \*\*\*150.00

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1. Corporation Name  
FIRST RB CAPITAL CORP.

Principal Place of Business  
6565 LAS FLORES DR.  
BOCA RATON FL 33433

Mailing Address  
6565 LAS FLORES DR.  
BOCA RATON FL 33433

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
12/01/1997

4. FEI Number  
65-0774572

Applied For  
Not Applicable

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

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

8. This corporation owes the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FORTIER, CAROL  
6565 LAS FLORES DR.  
BOCA RATON FL 33433

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PDC ☐ DELETE  
NAME FELDMAN, CLIFF  
STREET ADDRESS 6565 LAS FLORES DR.  
CITY-ST-ZIP BOCA RATON FL 33433

1.1 TITLE PRESIDENT ☐ Change ☒ Addition  
1.2 NAME ROLANDE FINKELSTEIN  
1.3 STREET ADDRESS 1481 S. OCEAN BLVD #306  
1.4 CITY-ST-ZIP POMPAHO BEACH, FL. 33062

TITLE VTDC ☐ DELETE  
NAME FINKELSTEIN, BEN  
STREET ADDRESS 6565 LAS FLORES DR.  
CITY-ST-ZIP BOCA RATON FL 33433

2.1 TITLE SECRETARY ☐ Change ☒ Addition  
2.2 NAME CAROL FELDMAN  
2.3 STREET ADDRESS 6565 LAS FLORES DR.  
2.4 CITY-ST-ZIP BOCA RATON, FL. 33433

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

3.1 TITLE VICE PRESIDENT ☒ Change ☐ Addition  
3.2 NAME CLIFFORD FELDMAN  
3.3 STREET ADDRESS 6565 LAS FLORES DR.  
3.4 CITY-ST-ZIP BOCA RATON, FL. 33433

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE TREASURER ☒ Change ☐ Addition  
4.2 NAME BEN FINKELSTEIN  
4.3 STREET ADDRESS 1481 S. OCEAN BLVD. #306  
4.4 CITY-ST-ZIP POMPAHO BEACH, FL. 33062

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
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: BEN FINKELSTEIN - BEN FINKELSTEIN

2-8-99

561-852-9494

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0342046

CR2E034 (11/98)