03-03-1999 90110 042 \*\*\*150.00

## 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

## **DOCUMENT # H80027**

1. Corporation	i Name									
R.P.G. O	of S. Florida, Inc.					) (40) IOT OLDE FORM DOME FORM FOR IN	## <b>#</b> #################################		DM DADA 1 <b>03</b> 1	
Principal Place of Business Mailing Address						T (\$819)) bint thus only derin trust inns es	7(1 <b>010</b> 11 <b>0</b> 10()		DEF 01034 1004	
13150 DOUBLETREE CIR. 13150 DOUBLETREE CIR.										
W PALM BCH, FL 33414 W PALM BCH, FL 33414						DO NOT WRITE IN THIS SPACE				
						3. Date Incorporated or Qualifed				
						10/09/1985				
2. Principal Place of Business 2a. Mailing Addr						4. FEI Number			lied For	
21		26				59-2692004 Not Applica				
Suite, Apt.:	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired	\$8.75 Additional Fee Required			
City & State	e	City & State				6. Election Campaign Financing \$5.00 May Be				
23		28				Trust Fund Contribution Added to Fees				
Zip	Country	Zip	Cou	intry		8. This corporation owes the current year	intangible ⊓ Ye:		<b>25</b> No	
24	25	29	30	_		Personal Property Tax.  10. Name and Address of New Register	_	5 L	<u> </u>	
	9. Name and Address of Curren	t Registered Agent		81	Name	10. Name and Address of New Register	ed Agent			
FILIC	OTT, RICHARD C.			Ŭ.						
13150 DOUBLETREE CIRCLE				82	Street Addr	ess (P.O. Box Number is Not Acceptable)				
WEST PALM BCH FL 33414				83						
				84	City		85	Zip C	ode	
				il		FL				
11. Pursuant	to the provisions of Sections 607.050	2 and 607.1508, Florida Statut	es, the a	bove	-named corporation	oration submits this statement for the purpose on's board of directors. I hereby accept the ap	of changing of the original contract of the or	ng its r as regi	egistered istered	
agent. I a	m familiar with, and accept the obliga	tions of, Section 607.0505, Flo	rida Stati	utes.		,			1	
SIGNATURE		(1)OT	· B			d when reinstating) DATE			<u> </u>	
	Signature, typed or printed name of registered agent and title if applicable. (NOTE: R  OFFICERS AND DIRECTORS			egistered Agent signature required		ADDITIONS/CHANGES TO OFFICERS		ECTOR	RS IN 12	
12. TITLE	TS	☐ DELETE		1.1 TITLE		ABBATONOS I WARREST OF THE SECOND	□Ch		Addition	
NAME	ELLIOTT, PATRICIA		1.2 NAME						[	
STREET ADDRESS	13150 DOUBLETREE CR.		1.3 ST		ADDRESS	,	i.	•		
CITY-ST-ZIP	W. PALM BCH FL		1.4 C		r-ZIP					
TITLE	Р	☐ DELETE	E 2.1 TITLE				☐ Ch	ange	Addition	
NAME	ELLIOTT, RICHARD	D 2:		2.2 NAME						
STREET ADDRESS	13150 DOUBLETREE CIR.			2.3 STREET ADDRESS						
CITY-ST-ZIP	W. PALM BCH FL		2. 4 CITY		it-ZIP					
TITLE		☐ DELETE	3 1 TI	TLE			□ Ch	ange	Addition	
NAME				3.2 NAME						
STREET ADDRESS				3.3 STREET ADDRESS					Ì	
CITY-ST-ZIP		☐ DELETE	3.4. CITY-		T-ZIP		□ Ch	nange	Addition	
TITLE		DELETE	4.1 TITLE 4. 2 NAME					- 4		
NAME STREET ADDRESS			4.3 STREE		ADDRESS					
CITY-ST-ZIP			4.4 CITY-							
TITLE		☐ DELETE	5.1 TI		-		Ch	ange	☐ Addition	
NAME			5.2 NAME			•	•	,		
STREET ADDRESS			5.3 ST	TREET	ADDRESS					
CITY-ST-ZIP			5.4 CI	ITY-S1	T-ZIP					
TITLE		☐ DELETE 6.		6.1 TITLE			☐ Ch	iange	☐ Addition	
NAME			6.2 N	AME					ļ	
STREET ADDRESS			6.3 ST	TREET	ADDRESS	•			ĺ	

6.4 CITY-ST-ZIP 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 any attachment with an address, with all other like empowered.