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03-31-1999 90024 014 ***150.00

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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

1999 DOCUMENT # 118977

1. Corporatio	n Name R BUSINESS ENTERPRISES	, INC.					
Principal Plac	e of Business	Mailing Address		•			
TYRONE SQUARE MALL 2190 S.E. 17TH ST. #211 6901 22ND AVENUE NORTH FT LAUDERDALE FL 33316 ST. PETERSBURG FL 33710 US					DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 06/04/1986		
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number	Α	pplied For
21		26			59-2683405	1	lot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	-		5. Certifcate of Status Desired		Additional Required
. City & Stat	te	City & State	-	-	6. Election Campaign Financing Trust Fund Contribution	•	May Be I to Fees
Zip 24	Country	Zip	Countr	у	This corporation owes the current yes Personal Property Tax.	ear Intangible Yes	□No
241	9. Name and Address of Curren	1	~		10. Name and Address of New Regis	tered Agent	
			8	1 Name			
WEAVER, JOHN E.				2 Street Addi	ress (P.O. Box Number is Not Acceptable)	-1	
6901 22ND AVENUE NORTH ST. PETERSBURG FL 33710				<u></u>			
31.	PETERSBURG PE 337 TU		8:	3		_	
<u> </u>			84	1		FL `	Code
office or	to the provisions of Sections 607.050 registered agent, or both, in the State am familiar with, and accept the obliga	of Florida. Such change was aut	honzed b	v the corporati	poration submits this statement for the purp on's board of directors. I hereby accept the	ose of changing i appointment as i	ts registered registered
SIGNATURE				ent signature require	O Company of the Comp	ATE	
12.	Signature, typed or printed name of registered agen	D DIRECTORS	13.	ent signature require	ADDITIONS/CHANGES TO OFFICE		ORS IN 12
TITLE			1.1 TITLE			Change	
NAME			1.2 NAME	:			
STREET ADDRESS	6901 22ND AVE NORTH		1.3 STRE	ET ADDRESS			1
CITY-ST-ZIP	ST. PETERSBURG FL 33710		1.4 CITY	ST-ZIP			
TITLE	VST	☐ DELETE	2.1 TITLE			☐ Change	Addition
NAME	WEAVER, JUDITH E.		2.2 NAME				
STREET ADDRESS	6901 22ND AVE. NORTH			ET ADDRESS			
CITY-ST-ZIP	ST. PETERSBURG FL 33710	. DELETE .	2.4 CITY 3.1 TITLE			Change	Addition
TITLE -			3.2 NAME			_	_
STREET ADDRESS			1	ET ADDRESS	•		
CITY-ST-ZIP			3.4. CITY				
TITLE		☐ DELETE	4.1 TITLE			Change	Addition
NAME			4. 2 NAMI	E Į			ļ
STREET ADDRESS			4.3 STRE	ET ADDRESS			ĺ
CITY-ST-ZIP			4.4 CITY-				Addition
TITLE		☐ DELETE	5.1 TITLE 5.2 NAME	I	`.	☐ Change	≥ □ Addwon
NAME				ET ADDRESS			
STREET ADDRESS	il .		1.00 IIIL				

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 supplementer 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 attackment with an address, with all other like empowered.

5.4 CITY-ST-ZIP

6.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.1 TITLE

6.2 NAME

☐ DELETE

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

3-20-49 2273446517

Change

☐ Addition