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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DiVISION OF CORPORATIONS

DOCUMENT # **K84066** 

(5)

## FILED Apr 15 1997 8:00am Secretary of State

1. Corporation Name R & B INSURANCE SERVICES, INC.  Principal Place of Business Mailing Address 1471 NW 112TH WAY PEMBROKE PINES FL 33026  1471 NW 112TH WAY PEMBROKE PINES FL 33026-2652									
						3. Date Incorporated or Qualified	1	ate of Last R	eport
2. Principal C	lace of Business	2a. Mailing Addre	ess			04/27/1989 4. FEI Number	1 00	/25/1996	plied For
]		26				65-0116238		<del>}</del>	t Applicable
Suite, Apt	#, etc.	Suite, Apt. #,	etc			5. Certificate of Status Desired		\$8.75 / Fee Re	
City & State	e	City & State		A PARTY NAME OF TAXABLE PARTY NAME OF TAXABL		Election Campaign Financing     Trust Fund Contribution		\$5.00 Added 1	
7 <sub>(P</sub>	Country 25	Zip 29	36	Country	· · · · · · · · · · · · · · · · · · ·	8. This corporation has liability for		·	
*1	9. Name and Address of Curr			J	<del> , , , , , , , , , , , , , , , , , , </del>	10. Name and Address of New Re			
147	LFF, BARBARA 1 NW 112 WAY IBROKE PINES FL 33028		<b>62</b> S		Street Addr	ress (P.O. Box Number is Not Acceptal	ble)	85 Zip (	Code
office or r	registered agent, or both, in the Sta	ato of Etorida, Such obon							
agent La SIGNATURE	im familiar with, and accept the obling familiar with, and accept the obling familiar with familiar with a second control of the obline	ligations of, Section 607.	0505, Florid	da Statutes Registered Age	\$. <u></u>	poration submits this statement for the tion's board of directors. I hereby acce	DATE		
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14. I do 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.

SIGNATURE:

ATURE AND TWEED OR PRINTED NAME OF SIGNIGO OFFICER OR DIRECTOR

WOLFF

4.997 (954)436 0492