

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

PROFIT.
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jun 02 1997 8:00am
Secretary of State

DOCUMENT #

RU LANDINGS, INC K94352

Principal Place of Business

Mailing Address

Principal Place of Business

790 ANDROS AVE

2a. Mailing Address

6367 NW 26 TER

Suite, Apt. #, etc.

5-100

Suite, Apt. #, etc.

City & State

DELAIR BEACH, FL

City & State

BOCA RATON FL

Zip

33483

Country

USA.

Zip

33496

Country

USA.

1. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

3a. Date of Last Report

05/01/1996

4. FEI Number

65-0133060

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contributions

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☒ Yes

☐ No

10. Name and Address of New Registered Agent

81 Name

RONALD A. GARGANO

82 Street Address (P.O. Box Number is Not Acceptable)

6367 NW 26 TER

83

BOCA RATON,

84 City

FL

85 Zip Code

33496

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

RONALD A. GARGANO

4/22/97

OFFICERS AND DIRECTORS

1. NAME	2. ADDRESS	3. CITY-STATE-ZIP	4. TITLE	5. CHANGE	6. ADDITION
1.1 NAME	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-STATE-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
2.1 NAME	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY-STATE-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
3.1 NAME	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY-STATE-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
4.1 NAME	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY-STATE-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
5.1 NAME	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY-STATE-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
6.1 NAME	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY-STATE-ZIP	<input type="checkbox"/>	<input type="checkbox"/>

1.1 NAME: P.D.T. LEO VERBULLO, JR.
1.2 NAME: 101 SAUSBURY WAY
1.3 STREET ADDRESS: WEST PALM BEACH, FL 33411
1.4 CITY-STATE-ZIP: VP 5 D
2.1 NAME: RONALD A GARGANO
2.2 NAME: 6367 NW 26 TER
2.3 STREET ADDRESS: BOCA RATON, FL. 33496
2.4 CITY-STATE-ZIP: ☐ DELETE
3.1 NAME: ☐ DELETE
3.2 NAME: ☐ DELETE
3.3 STREET ADDRESS: ☐ DELETE
3.4 CITY-STATE-ZIP: ☐ DELETE
4.1 NAME: ☐ DELETE
4.2 NAME: ☐ DELETE
4.3 STREET ADDRESS: ☐ DELETE
4.4 CITY-STATE-ZIP: ☐ DELETE
5.1 NAME: ☐ DELETE
5.2 NAME: ☐ DELETE
5.3 STREET ADDRESS: ☐ DELETE
5.4 CITY-STATE-ZIP: ☐ DELETE
6.1 NAME: ☐ DELETE
6.2 NAME: ☐ DELETE
6.3 STREET ADDRESS: ☐ DELETE
6.4 CITY-STATE-ZIP: ☐ DELETE

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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:

RONALD A. GARGANO

4/22/97

56-241-2330