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

DOCUMENT # K99098

(1)

R.H.F. MANAGEMENT INC.

FILED
Jan 23 1997 8:00am
Secretary of State

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Change

Addition

D	(D)	LA-W- Address				
Principal Place of Business Mailing Address And All All All All All All All All All Al						
408 SE AVENUE E			10-4044			
OLLE ON DE 12 OVIO		U\$		Date Incorporated or Qualified 06/29/1989	3a. Date of Last Report 02/12/1996	
2. Principal F	Place of Business	2a. Mailing Address		4. FEI Number	Applied For	
<u> </u>		26		65-0134935	Not Applicab	
Suite, Apt	. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & Sta	ate	City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip	Country	Zip	Country	8. This corporation has liability for in		
]	25	29	30	Florida Statutes	Yes No	
	g. Name and Address of Curre	nt Registered Agent		10. Name and Address of New Reg	istered Agent	
TEI	ETS, FRANK D		81 Name			
12669 WHITE CORAL DR.			82 Street Ad	Street Address (P.O. Box Number is Not Acceptable)		
WELLINGTON FL 33414						
			83			
			84 City		FL 85 Zip Code	
d Durayant	to the exercisions of Sections 607 050	22 and 607 1509 Florida Sta	tutes the about pared or	orporation submits this statement for the pu		
omice or agent. I a SIGNATURE	am familiar with, and accept the oblig	ations of Section 607.0505,	Florida Statutes.	ration's board of directors. I hereby accept	The appointment as registered	
2.	Signature: typed or printed name of registered agent and title if applicable (NO OFFICERS AND DIRECTORS		NOTE Registered Agent signature real	ADDITIONS/CHANGES TO OFFICE		
TLE	PD	DELETE	1.1 TITLE	ADDITIONS/OFFAINALS TO OFFICE	Change Addit	
AME	TEETS, FRANK D	<u></u>	1.2 NAME		_ • –	
TREET ADORESS	ARREST CORLL DO		1.3 STREET ADDRESS			
ITY-ST-ZIP	WELLINGTON FL		1,4 CITY - ST - ZIP		33414	
ITLE	VD	DELETE	2.1 TITLE		Change Addit	
AME	TEETS, SUE C		2.2 NAME			
TREET ADDRESS	AAAAA MARKAA AAAA AAAA		2.3 STREET ADDRESS			
TY-ST-ZIP	WELLINGTON FL		2.4 CITY-ST-ZIP		33414	
ITLE	STD	☐ DELETE	3.1 TITLE		Change Addit	
AME	TEETS, FRANK D, JR		3.2 NAME			
STREET ADDRESS		l.	3.3 STREET ADDRESS	1384 PRIMROSE LA	WE	
CITY - ST - ZIF	WELLINGTON FL		3 4. CITY - ST - ZIP		33414	
ITLE	VD	☐ DELETE	4 1 TITLE		Change Addit	
IAME	TEETS, JAMES CRAWFORD		4 2 NAME			
STREET ADDRESS	.,		4.3 STREET ADDRESS		5311111	
CITY-ST-ZIP	WEST PALM BEACH FL-			VELLINGTON, FL	33414	
ITLE		DELETE	5.1 TITLE	•	Change Addit	
IAME			5.2 NAME			
STREET ADDRESS			5.3 STREET ADDRESS			
CITY-ST-ZIP			5.4 CITY - ST - ZIP			

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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

DELETE

SIGNATURE:

TITLE

NAME

STREET ADDRESS

CITY-ST-2IP

ACHTURE TO DEPRINTED NAME OF STANING OFFICER OR DIRECTOR DE STANING OFFICER OR DIRECTOR DE STANING OFFICER OR DIRECTOR