

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **L24863** (7)
1. Corporation Name:
RRP, INC.



Principal Place of Business Mailing Address
8840 SW 92ND PLACE **8840 SW 92ND PLACE**
MIAMI FL 33176 **MIAMI FL 33176**

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

3. Date Incorporated or Qualified **01/01/1990** 3a. Date of Last Report **03/30/1995**
4. FEI Number **65-0153847** Applied For Not Applicable
5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution ☐ **\$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

9. Name and Address of Current Registered Agent
EBBERT, PHYLLIS
8840 SW 92ND PLACE
MIAMI FL 33176
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1505, 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. Thereby, accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____

12. OFFICERS AND DIRECTORS
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1. TITLE ☐ DELETE
2. NAME
3. STREET ADDRESS
4. CITY-STATE-ZIP
5. TITLE ☐ CHANGE ☐ ADDITION
6. NAME
7. STREET ADDRESS
8. CITY-STATE-ZIP
9. TITLE ☐ CHANGE ☐ ADDITION
10. NAME
11. STREET ADDRESS
12. CITY-STATE-ZIP
13. TITLE ☐ CHANGE ☐ ADDITION
14. NAME
15. STREET ADDRESS
16. CITY-STATE-ZIP
17. TITLE ☐ CHANGE ☐ ADDITION
18. NAME
19. STREET ADDRESS
20. CITY-STATE-ZIP
21. TITLE ☐ CHANGE ☐ ADDITION
22. NAME
23. STREET ADDRESS
24. CITY-STATE-ZIP
25. TITLE ☐ CHANGE ☐ ADDITION
26. NAME
27. STREET ADDRESS
28. CITY-STATE-ZIP
29. TITLE ☐ CHANGE ☐ ADDITION
30. NAME
31. STREET ADDRESS
32. CITY-STATE-ZIP
33. TITLE ☐ CHANGE ☐ ADDITION
34. NAME
35. STREET ADDRESS
36. CITY-STATE-ZIP
37. TITLE ☐ CHANGE ☐ ADDITION
38. NAME
39. STREET ADDRESS
40. CITY-STATE-ZIP
41. TITLE ☐ CHANGE ☐ ADDITION
42. NAME
43. STREET ADDRESS
44. CITY-STATE-ZIP
45. TITLE ☐ CHANGE ☐ ADDITION
46. NAME
47. STREET ADDRESS
48. CITY-STATE-ZIP
49. TITLE ☐ CHANGE ☐ ADDITION
50. NAME
51. STREET ADDRESS
52. CITY-STATE-ZIP
53. TITLE ☐ CHANGE ☐ ADDITION
54. NAME
55. STREET ADDRESS
56. CITY-STATE-ZIP
57. TITLE ☐ CHANGE ☐ ADDITION
58. NAME
59. STREET ADDRESS
60. CITY-STATE-ZIP
61. TITLE ☐ CHANGE ☐ ADDITION
62. NAME
63. STREET ADDRESS
64. CITY-STATE-ZIP
65. TITLE ☐ CHANGE ☐ ADDITION
66. NAME
67. STREET ADDRESS
68. CITY-STATE-ZIP
69. TITLE ☐ CHANGE ☐ ADDITION
70. NAME
71. STREET ADDRESS
72. CITY-STATE-ZIP
73. TITLE ☐ CHANGE ☐ ADDITION
74. NAME
75. STREET ADDRESS
76. CITY-STATE-ZIP
77. TITLE ☐ CHANGE ☐ ADDITION
78. NAME
79. STREET ADDRESS
80. CITY-STATE-ZIP
81. TITLE ☐ CHANGE ☐ ADDITION
82. NAME
83. STREET ADDRESS
84. CITY-STATE-ZIP
85. TITLE ☐ CHANGE ☐ ADDITION
86. NAME
87. STREET ADDRESS
88. CITY-STATE-ZIP
89. TITLE ☐ CHANGE ☐ ADDITION
90. NAME
91. STREET ADDRESS
92. CITY-STATE-ZIP
93. TITLE ☐ CHANGE ☐ ADDITION
94. NAME
95. STREET ADDRESS
96. CITY-STATE-ZIP
97. TITLE ☐ CHANGE ☐ ADDITION
98. NAME
99. STREET ADDRESS
100. CITY-STATE-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *Phyllis Y. Ebbert* **Phyllis Y. Ebbert** **3-10-96** **305 595-5011**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)