SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/1/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT

1995

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

APPROVED AND FILED

95 JUL 25 PM 1:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA.

DOCUMENT # **L33114** **(4)**

1. Corporation Name

RPG MANAGEMENT CORP.

Principal Place of Business	Mailing Address
350 S. COUNTY RD N/A PALM BEACH FL 33480 US	C/O HELANDER GALLERY 350 S. COUNTY RD PALM BEACH FL 33480 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/01/1989
3a. Date of Last Report: 06/22/1994

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

4. FEI Number: 65-0158970 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. [illegible] ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
COLE, JONATHAN E. 250 ROYAL PALM WAY PALM BEACH FL 33480	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 607.1508, 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: [illegible] (Name of New Registered Agent, typed or printed) (Signature of New Registered Agent, required when changed) DATE

12. OFFICERS AND DIRECTORS		13. [illegible]		
01 TITLE	~~DP~~ X	11 TITLE	No longer director or officer	☒ Change ☐ Addition
02 NAME	~~ROBINSON, GELMA~~	12 NAME		
03 STREET ADDRESS	~~225 WEST INDIES DR~~	13 STREET ADDRESS		
04 CITY ST ZIP	~~PALM BCH FL 33480~~	14 CITY ST ZIP		
01 TITLE	P	21 TITLE	President and Secretary and Treasurer	☐ Change ☒ Addition
02 NAME	HELANDER, BRUCE	22 NAME		
03 STREET ADDRESS	350 S. COUNTY RD.	23 STREET ADDRESS		
04 CITY ST ZIP	PALM BEACH FL 33480	24 CITY ST ZIP		
01 TITLE	~~D~~	31 TITLE	No longer	☒ Change ☐ Addition
02 NAME	~~GATES, HELENE R~~	32 NAME		
03 STREET ADDRESS	~~200 LORIMER AVE~~	33 STREET ADDRESS		
04 CITY ST ZIP	~~PROVIDENCE RI 02906~~	34 CITY ST ZIP		
01 TITLE	~~AS~~	41 TITLE	Director No longer officer	☒ Change ☐ Addition
02 NAME	GATES, LAWRENCE S	42 NAME		
03 STREET ADDRESS	100 MEDWAY ST	43 STREET ADDRESS		
04 CITY ST ZIP	PROVIDENCE RI 02906	44 CITY ST ZIP		
01 TITLE		51 TITLE	800001547768 -07/27/95--01064--016 ****225.00 ****225.00	☐ Change ☐ Addition
02 NAME		52 NAME		
03 STREET ADDRESS		53 STREET ADDRESS		
04 CITY ST ZIP		54 CITY ST ZIP		
01 TITLE		61 TITLE		☐ Change ☐ Addition
02 NAME		62 NAME		
03 STREET ADDRESS		63 STREET ADDRESS		
04 CITY ST ZIP		64 CITY ST ZIP		

CR2E034 (3/95)

14. To the best of my knowledge, the information supplied with this filing is complete and accurate. I am executing this report in accordance with Section 607.0120(7), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 above, or on an attachment with an address.

SIGNATURE: Bruce S. Helander Pres June 10, 1995

SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL — DATE

0080770 CP