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

**PROFIT CORPORATION** ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name RHONSTON ENTERPRISES, INC.

(7)

## **FILED** Apr 20 1998 8:00am Secretary of State



Principal Place of Business Mailing Address						EL DIMIE DINEI MINIT INNI	
			230 ROYAL PALM BEACH BLVD. ROYAL PALM BEACH FL 33411			DO NOT WRITE IN THIS SPA	4CE
						3. Date Incorporated or Qualified	
9 Principal P	'lace of Business	On Mailing A	2a. Mailing Address			05/01/1990 4. FEI Number	1 1
21	lace of Cusinoss	26					Applied For
Sulte, Apt.	#. etc.		Suite, Apt. #, etc.			65-0190428	Not Applicable
22	-,	<del>}</del>	27			5. Certificate of Status Desired	Fee Required
City & State			City & State			6. Election Campaign Financing	\$5.00 May Be
23		28	28			Trust Fund Contribution	Added to Fees
<b>Z</b> ip	Country Zip		Country		8. This corporation owes or has paid the curren	t year Intangible	
24	25	29]		30		Personal Property Tax due June 30.	
9. Name and Address of Current Registered Agent						10. Name and Address of New Registered Age	ent
	VIS, WINSTON ALBERT			81	Name		
	B ROYAL PALM BEACH BLVD.			82	Street A	ddress (P.O. Box Number is Not Acceptable)	···
: RO	YAL PALM BEACH FL 33411			00			
				83			
				84	City	F. 8	35 Zip Code
11 Purcuant	to the provisions of Sortions 607.05	02 and 607 1508 E	orida Statutos	the about	namad a	FL S	anging its sametared
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			~				, , , , , , , , , , , , , , , , , , ,
12.	Signature, typed or pointed name of registered a  OFFICERS A	ND DIRECTORS	(NDTE: Re	gistered Age	nt signature re	equired when reinstating) DATE  ADDITIONS/CHANGES TO OFFICERS AND DI	DECTODO IN 10
TITLE	DP OTTOCKS A		DELETE	1.1 TITLE	····		Change Addition
NAME	DAVIS, WINSTON A	<del>u</del>		1.2 NAME		_	orango 🛅 / look.on/
STREET ADDRESS	108 SANTANDER CT			1.3 STREET	ADORESS		
CITY-ST-ZIP	ROYAL PALM BCH FL			1.4 CITY-S	1		
TITLE			DELETE	2.1 TITLE	<u> </u>		Change
NAME				2.2 NAME	1		
STREET ADDRESS				2.3 STREET	ADDRESS		
CITY-ST-ZIP				2 4 CITY-S	IT-ZIP		
TITLE			DELETE	3 1 TITLE			Change
NAME				3.2 NAME			,
STREET ADDRESS				3.3 STREET	address		i
CITY-ST-ZIP	<del></del>		DECEME	3.4. CITY - S	T- ZIP		
TITLE		L	DELETE	4.1 TITLE			Change [_] Addition
NAME				4. 2 NAME			
STREET ADDRESS				4.3 STREET			
CITY-ST-ZIP TITLE		<u></u>	DELETE	4.4 CITY-ST	I - ZIP		Change Addition
NAME				5.2 NAME			orange Thyonnon
STREET ADDRESS				5.3 STREET	ADDRESS		
CITY-ST-ZIP				5.4 CITY-SI	- 1		ļ
TITLE			DELETE	61 THLE	£11		Change Addition
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET	ADDRESS		
CITY-ST-ZIP				6.4 CITY-ST			

14. I 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 eath; 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, if on an attachment with an address