

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **L80015** (5)

1. Corporation Name

R & B MOBIL, INC.



Principal Place of Business

**R&B MOBIL INC
831 W SUNRISE BLVD
FT LAUDERDALE FL 33311
US**

Mailing Address

**3345 CLEVELAND ST
P HOUSE
HOLLYWOOD FL 33021
US**

2. Principal Place of Business

2a. Mailing Address

21 **R&B MOBIL INC**

26 **3345 CLEVELAND ST**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 **831 W. SUNRISE BLVD**

27 **PRIVATE HOUSE**

City & State

City & State

23 **FT. LAUDERDALE, FL**

28 **HOLLYWOOD, FLORIDA**

Zip

Country

Zip

Country

24 **33311**

25 **BROWARD**

29 **33021**

30 **BROWARD**

g. Name and Address of Current Registered Agent

**MAKHANLALL, ROY H.
3345 CLEVELAND STREET
HOLLYWOOD FL 33021**

3. Date Incorporated or Qualified

06/13/1990

3a. Date of Last Report

05/01/1995

4. FEI Number

65-0197765

Applied For

Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional**

Fee Required

6. Election Campaign Financing

☐ **\$5.00 May Be**

Trust Fund Contribution

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

N/A

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 607.1503, 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 607.0503, Florida Statutes.

SIGNATURE

N/A

Signature typed or printed name of registered agent on this report

By FEI Registered Agent or authorized representative

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	☐ DELETE
NAME	MAKHANLALL, ROY H.	
STREET ADDRESS	2721 MADISON ST	
CITY-ST-ZIP	HOLLYWOOD FL	
TITLE	D	☐ DELETE
NAME	MAKHANLALL, BHAGVATEE	
STREET ADDRESS	2721 MADISON ST	
CITY-ST-ZIP	HOLLYWOOD FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS-CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-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: **ROY H. MAKHANLALL** **ROY H. MAKHANLALL** **440-96 (954) 987-0519**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)