

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

PROFIT CORPORATION ANNUAL REPORT

1996 5-1-96



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

B- 5125 NC  
(1)

DOCUMENT # L82016

1. Corporation Name

R2 INVESTMENT STRATEGIES, INC.



Principal Place of Business

23265 BOCA CLUB COLONY CIR  
BOCA RATON FL 33433-0940

Mailing Address

23265 BOCA CLUB COLONY CIR  
BOCA RATON FL 33433-0940

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

24 Zip County

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

29 Zip County

9. Name and Address of Current Registered Agent

BRILL, THEODORE F., ESQ.  
8211 W BROWARD BLVD  
SUITE 360  
PLANTATION FL 33324-2750

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

3. Date Incorporated or Qualified  
06/21/1990

3a. Date of Last Report  
05/01/1995

4. FEI Number  
65-0199488

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

11. Pursuant to the provisions of Sections 607.07(1) and 607.08(1)(b), 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 is 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, Sections 607.07(1), Florida Statutes.

SIGNATURE

Signature of the person who is authorized to sign this statement on behalf of the corporation.

Signature of the person who is authorized to sign this statement on behalf of the corporation.

DATE

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12. OFFICERS AND DIRECTORS

12.1	TITLE	PTS	<input type="checkbox"/> DELETED
12.2	NAME	LEWISON, ROBERT M.	
12.3	STREET ADDRESS	23265 BOCA CLUB COLONY	
12.4	CITY, ST, ZIP	BOCA RATON FL	
12.5	TITLE		<input type="checkbox"/> DELETED
12.6	NAME		
12.7	STREET ADDRESS		
12.8	CITY, ST, ZIP		
12.9	TITLE		<input type="checkbox"/> DELETED
12.10	NAME		
12.11	STREET ADDRESS		
12.12	CITY, ST, ZIP		
12.13	TITLE		<input type="checkbox"/> DELETED
12.14	NAME		
12.15	STREET ADDRESS		
12.16	CITY, ST, ZIP		

13.

13.1	TITLE		
13.2	NAME		
13.3	STREET ADDRESS		
13.4	CITY, ST, ZIP		
13.5	TITLE		
13.6	NAME		
13.7	STREET ADDRESS		
13.8	CITY, ST, ZIP		
13.9	TITLE		
13.10	NAME		
13.11	STREET ADDRESS		
13.12	CITY, ST, ZIP		

Change  Addition

Change  Addition

Change  Addition

Change  Addition

Change  Addition

Change  Addition

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Robert M. Lewison*

75 April 1996

MOF 312-25266 x 314

CR2E034 (12/95)