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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 29 1998 8:00am
Secretary of State

DOCUMENT # L85505 1. Corporation Name R.L.B. ASSOCIATES, INC.  Principal Place of Business Address 215 VNEWOOD DR SANFORD FL 32773 US  DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified			
215 VNEWOOD DR SANFORD FL 32773 US  Mailing Address  215 VNEWOOD DR SANFORD FL 32773-5401 US  DO NOT WRITE IN THIS SPACE  3, Date Incorporated or Qualified		ii <b>did</b> ii 1881	
215 VINEWOOD DR SANFORD FL 32773 US  215 VINEWOOD DR SANFORD FL 32773-5401 US  DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified	CE		
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07/03/1990			4
2. Principal Place of Business 2a. Mailing Address 4. FEI Number		oplied For	4
21 26 59-3020851 Suite, Apt. #, etc. Suite, Apt. #, etc.		ot Applicable Additional	4
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City & State City & Slate & Flaction Campaign Financing &	\$5.00	May Be	┪.
	Added to		
Zip Country 7ip Country 8. This corporation owes or has paid the current y			1
24 25 29 30 Personal Property Tax due June 30. Ye  9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent		] No	4
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ON MENOR DO			_
SANFORD FL 32773			
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84 City 85	5 Zip (	Code	4
		200 <del>0</del>	
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 char 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 appointmagent. I am familiar with, and accept the obligations of, Section 607,0505, Florida Statutes.	·		
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4. I bereby certify that the information supplied with this filting does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the informatio indicated on this annual report or suppliencental 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 inforective 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 a attachment with an address.

SIGNATURE:

Broken ;

BROKAN

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