**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS** 

## 1999 DOCUMENT # M40627 1. Corporation Name

R.P.S. PROPERTIES, INC.

## Feb 24, 1999 8:00 am Secretary of State

02-24-1999 90039 019 \*\*\*150.00



Principal Place of Business Mailing Address						
232 CORSAIR AV 232 CORSAIR AV						
	Y THE SEA FL 33308	LAUDERDALE BY	THE SEA FL 3	33308		DO NOT WRITE IN THE CRACE
US						DO NOT WRITE IN THIS SPACE
						3. Date Incorporated or Qualifed
						10/27/1986
2. Principal Pl	ace of Business	2a. Mailing Addre	2a. Mailing Address			. 4. FEI Number Applied For
21		26	26			59-2737600 Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.						5. Certificate of Status Desired  \$8.75 Additional
22		27	]			5. Certificate of Status Desired Fee Required
City & State	3	City-& State_				
23		28				Trust Fund Contribution Added to Fees
Zip	4		Zip Count			8. This corporation owes the current year Intangible
	25	29	30	·		Personal Property Tax.  Yes No
24			1301			10. Name and Address of New Registered Agent
	9. Name and Address of Current	Registered Agent		81	Name	
CLUT	U DORFOT D			"	Itallic	
SMITH, ROBERT P.				82	Street	et Address (P.O. Box Number is Not Acceptable)
232 CORSAIR AV				Ш		
LAUE	DERDALE BY THE SEA FL 33308			83		
					0.1	85 Zip Code
				84	City	FL   S   Z   P O O O O
44 Purcuant	to the provisions of Sections 607 0502	and 607 1508 Floric	la Statutes, th	ne above	-named	ed corporation submits this statement for the purpose of changing its registered
office or re	edistered agent or both in the State of	f Fiorida. Such chanc	de was author	izea by i	me corpo	reporation's board of directors. I hereby accept the appointment as registered
agent. I ar	n familiar with, and accept the obligation	ons of, Section 607.0	0505, Florida S	Statutes.		
SIGNATURE						re required when rainstation) DATE
	Signature, typed or printed name of registered agent.				t signature r	3
12.	OFFICERS AND			13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  ☐ Change ☐ Addition
TITLE	_		1.1 TITLE		Change	
NAME	SMITH, ROBERT P., SR.		12 NAME		•	
STREET ADDRESS	232 CORSAIR AV 1.3 S		1.3 STREET	ADDRESS	ss	
CITY-ST-ZIP	LAUDERDALE FL			1.4 CITY-ST	-ZIP	
TITLE	V	<b>⊠</b> DE	ELETE :	2.1 TITLE		Change Addition
	SMITH, ROBERT P., JR.	• •		2.2 NAME		SWITTH PARKET P.
NAME				2.3 STREET	ADDDESS	SMITTH ROBERT P.
STREET ADDRESS	232 CORSAIR AV		. "	, • •		LANDERDALE FL 33308
CITY-ST-ZIP	LAUDERDALE FL			2. 4 CITY-S	T-ZIP	Change - Addition
πflE	T/S	<b>X</b> (10)		3.1 TITLE		
NAME	SMITH, PETER E.		1	3.2 NAME		SHITH ROBERT BY
STREET ADDRESS	232 CORSAIR AV			3.3 STREET	ADDRESS	ss  )32 COK>H/R MV
CITY-ST-ZIP	LAUDERDALE FL 33765		:	3.4. CITY-S	T-ZIP	HAVOFRDALE FL 33308
TITLE		DI	ELETE 4	4.1 TITLE		☐ Change ☐ Addition
NAME				4. 2 NAME		
STREET ADDRESS			I.	4.3 STREET	ADDRESS	ss
			•	4.4 CITY-ST		
CITY-ST-ZIP				4.4 (J) Y-51 5.1 TITLE	- <u>ZIF</u>	☐ Change ☐ Addition
TITLE				5.2 NAME		
NAME					I	, nn
STREET ADDRESS				5.3 STREET		>>
CITY-ST-ZIP				5 4 CITY-ST	-ZiP	
TITLE		☐ DE	ELETE	6.1 TITLE		☐ Change ☐ Addition
NAME				6.2 NAME		

CITY-ST-ZIP 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 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, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

NAME

STREET ADDRESS