SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT CORPORATION ANNUAL REPORT

SIGNATURE: _



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

1996					
DOCUMENT # 1. Corporation Name	M70747				
R&R SUCCESS, INC.					

DOCUI 1. Corporation	MENT # M7074	7 (4)						
	JCCESS, INC.					 		E (B)) BYBYY BYBYY BYBYY GUBY
Principal Place	e of Business	Mailing Address						
·		· ·						
P.O. BOX 108- LUTZ FL 3354		P.O. BOX 1084 LUTZ FL 33549						
	•	20.2.2				3. Date incorporated or Qualified	3a D:	ate of Last Report
						03/07/1988		17/1995
2. Principal Pl	lace of Business	2a. Mailing Address				4. FEI Number		Applied For
21	The second secon	26				59-2995825		Not Applicable
Suite, Apt.	#, 8tC	Suite, Apt #, etc				5. Certificate of Status Desired		\$8.75 Additional Fee Required
City & State	e	City & State				6. Election Campaign Financing		\$5.00 May Be
23		28				Trust Fund Contribution		Added to Fees
Zip	Country	Zip	Coun	itry		8. This corporation has liability for		1
24]	9. Name and Address of Currer	29	30			Florida Statutes	Yes	No
50		it negistered Agent		B1 Na	ame	10. Name and Address of New Re	gistered i	agent
	BERTS, FREESTON		ļ.				 	
	235 Clearlake Dr. 12 Fl 33549		'	82 St	reet Addre	ess (P.O. Box Number is Not Acceptat	ile)	
	12 (2 55545		Ī	B3				
			<u> </u>	84 Ci	tv	· · · · · · · · · · · · · · · · · · ·		85 Zip Code
							FL	, "
office or ri	egistered agent, or both, in the State	of Florida. Such change was a	uthorized l	by the \cdot	ned corpo corporatio	ration submits this statement for the p n's board of directors. I hereby accep	urpose of a	changing its registered intment as registered
agent la	m familiar with, and accept the obliga-	ations of, Section 607.0505, Fic	rida Statut	es	,	•		J
SIGNATURE	Signature, typed or printed name of registered ago	nt and title if applicable (NO)	F. Braistered	Agent sea	mature reduce	d when reinstating)	DATE	
12.		D DIRECTORS	13.			ADDITIONS/CHANGES TO OFFIC		DIRECTORS IN 12
TITLE	Р	DELETE	1 1 TiTL	.F				Change Addition
NAME	ROBERTS, ROLAND		1.2 NA	ΛE				
STREET ADDRESS	18235 CLEARLAKE DR.			EET ADDE				
CITY-ST-ZIP TITLE	LUTZ FL 33659	DELETE		V - S1 - ZIF	·			Change Addition
NAME	DUPARL, MOLLY	L DELLIE	2 1 TIFLE 2 2 NAME			•\	L	Change Addition
STREET ADDRESS	6412 N. QUEENSWAY DRIVE		- 1	ieet addi	RESS	\		
CITY-ST-ZIP	TAMPA FL 33617			Y - \$T - ZI	1	,		
TITLE	ST	DELETE	3 1 TiTu			······································		Change Addition
NAME	JOSEPH, JASMINE		3 2 NA	ΛE				
STREET ADDRESS	16501 LONGBOAT DRIVE		3 3 STR	EET ADD	RESS			
CITY-ST-ZIP	LUTZ FL 33549			y - ST - ZI	P			
TITLE		DELETE	4 1 1176				L	Change Addition
NAMÉ STOCCE ADDOCCC			4 2 NA		2500			
STREET ADDRESS DITY - ST - ZIP				EET ADOI				
TITLE		DELETE	5 1 TITI	Y • ST • ZIF .e				Change Addition
NAME		N-man-ad	5 2 NA					
STREET ADDRESS			53818	REET ADDI	RESS			
CiTY-ST-ZIP			5 4 CIT	Y-ST-ZIF	·			
TITLE		DELETE	61111					Change Addition
NAME			6 2 NA					
STREET ADDRESS			1	IDDA 1938				
City-St-ZiP	Learnify that the information supplies	d with this filing is voluntarily fo		r-St-Zif id does		y for the exemption stated in Section	1 19 07(3)(k) Florida Statutes T
further ce	ertify that the information indicated on	this annual report or suppleme	ental annua	al repo	rt is trúe ai	nd accurate and that my signature sha to execute this report as required by	ili have the	same legal effect as if
that my n	ame appears in Block 12 or Block 13	if changes or en an attachmen	nt with an a	iddres	S	to subsect this report as required by	C aprice 0	, roman sentates and

TURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR