FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1**9**98



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name M91758

(6)

RFO ENTERPRISES, INC.

Principal Place of Business

10909 NORTH MILITARY TRAIL

Mailing Address

10909 NORTH MILITARY TRAIL

FILED

Apr 15 1998 8:00am

Secretary of State

PALM BEACH US	1 GARDENS FL 33410	PALM BEACH GARDENS FI US	33410	DO NOT WRITE IN THIS 3. Date incorporated or Qualified	SPACE
				07/29/1988	
2. Principal P	Place of Business	2a. Mailing Address		4, FEI Number	Applied For
21 4 4	SYCLIFF RD	26 4 WYCC Suite, Apt. #, etc.	IFF RD	65-0063513	Not Applicable
Suite, Apt.	#, etc.	27		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & Stat	BEACH GARDENS FL	City & State 28 PALM SEACH	GARDENS, IL	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the co	urrent year Intangible
24 334			0 05	Personal Property Tax due June 30.	Yes No
	9, Name and Address of Current	Registered Agent	04) N	10. Name and Address of New Registered	
	ROSA, DENNIS E		oi Name	IARGIRET M. JOHN.	SON
2331 TOUR EIFFEL DR.			82 Street Ac	odress (P.O. Box Number is Not Acceptable)	
I A	LLAHASSEE FL 32308		83	WYCLIFF ROAD	
:"			84 City	UM BEACH GALDERUS FI	85 Zip Code
11 Pursuant	to the provisions of Sections 607 0502	and 607 1508. Florida Statutes	the above-named co	orgonation submits this statement for the number	L 374/8
office or r	registered agent, or both, in the State of	of Florida Such change was aut	thorized by the corpo	orporation submits this statement for the purpose ration's board of directors. I hereby accept the ap	pointment as registered
	im ramiliar with, and accept the odligat	ions of, Section 607.0505, Front	da Sialdies.	1.10 cma U/1.14	î 6
SIGNATURE	Stonatura types or printed name of projectived agent	and lift in it applicable ANDTE F	Registered Agent signature re-	ph 15 on 4/6/9 quired when reinstating) BATE	0
12.	OFFIGERS AND	DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AN	ID DIRECTORS IN 12
TITLE	PTD	DELETE	1.1 TITLE		Change Addition
NAME	JOHNSON, ALAN		1.2 NAME	,	
STREET ADDRESS	4 WYCLIFF ROAD		1.3 STREET ADDRESS		
CITY-ST-ZIP	PALM BEACH GARDENS FL 3		1.4 CITY-ST-ZIP		
TITLE	S	DELETE	2 1 TITLE		Change Addition
NAME	JOHNSON, MARGARET M		2.2 NAME		
STREET ADDRESS	4 WYCLIFF ROAD		2.3 STREET ADDRESS		
CITY-ST-ZIP	PALM BEACH GARDENS FL 3	· · · · · · · · · · · · · · · · · · ·	2. 4 CITY - ST - ZIP		01
TITLE	SD DENING	DELETE	3.1 TITLE		Change Addition
NAME	LARODA, DENNIS E		3.2 NAME		
STREET ADDRESS	2331 TOUR EIFFEL DRIVE		3.3 STREET ADDRESS		1
CITY-ST-ZIP	TALLAHASSEE FL 32308	DELETE	3.4. CITY-ST-ZIP		Change Addition
TITLE			4.1 YITLE		C custific C Monition
NAME OTHER ADDRESS			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		DELETE	4.4 CITY - ST - ZIP 5.1 TITLE		Change Addition
NAME			5.2 NAME		Change District
STREET ADDRESS			5.2 NAME 5.3 STREET ADDRESS		
CITY-ST-ZIP					
TITLE		DELETE	5.4 CITY - ST - ZIP 6.1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		
OTTI-OT-CIT			= V-1 VIII VIIII		

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.

4/6/98 (561)622-6132