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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P930000 15959 (8)

R.L. TEWKSBURY, INC.

FILED Mar 02 1998 8:00am Secretary of State



Principal Place of Business Mailing Address						251 21112 12121 21112 1211 1211 1211
100 NW 28TH ST		P.O. BOX 4001				
B-3 BOCA RATON FL 33431		BOCA HATON F	BOCA RATON FL 33429 US		DO NOT WRITE IN THIS SPACE	
US				3. Date Incorporated or Qualified		
					03/02/1993	
2. Principal Place of Business 2s. Mailing Address			ess		4. FEI Number	Applied For
		26			65-0408170	Not Applicable
		<u> </u>	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Regulred
City & State		27 City & State			5.50 0 0 10 5	
23		28	⊢ ′		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	ip Country		This corporation owes or has paid the corporation of the corporat	
24	25	29	30	,	Personal Property Tax due June 30.	Yes No
	9. Name and Address of Cu		1-21		10. Name and Address of New Registered	
HICKEY, PETER				1 Name		
100 NW 28TH STREET			<u> </u>	82 Street Address (P.O. Box Number is Not Acceptable)		
B-3						
B0	CA RATON FL 33431		8:	3		
			84	4 City	FI	85 Zip Code
11 Pursuant	to the provisions of Sections 607	7 0502 and 607 1508 Floric	to Statutes, the above	e.named.cc	orporation submits this statement for the purpose	
office or r	registered agent, or both, in the S	State of Florida, Such chan	oe was authorized b	ov the corpor	ration's board of directors. I hereby accept the ap	pointment as registered
	am familiar with, and accept the c	obligations of, Section 607.	0505, Florida Statutt	3 S.		
SIGNATURE	Signature, typed or printed name of registere	red agent and title if applicable.	(NOTF: Registered A	gent signature reg	guired when reinstating) DATE	
12.		S AND DIRECTORS	13.	Jour Albuman	ADDITIONS/CHANGES TO OFFICERS AN	ID DIRECTORS IN 12
TITLE	PD	☐ DE				Change Addition
NAME	MEASEL, SHAWN		1.2 NAME		MAESEL, SHAWN	
STREET ADDRESS	DDRESS 100 NW 28TH ST B-3		1.3 STREE	ET ADDRESS	·	
CITY - ST - ZIP			1.4 CITY-	ST-ZIP		
TITLE	DV □ DELETE 2:					Change Addition
NAME	RICHARD, TROUF 2		2.2 NAME	i	TROUF, RICHARD	
STREET ADDRESS			2.3 STREE	ET ADDRESS	· –	
CITY-ST-ZIP			2. 4 C/TY-	- \$T-ZIP		<u> </u>
TITLE	TDV	☐ DE	LETE 3.1 TITLE			☐ Change ☐ Addition
NAME	HICKEY, PETER		3.2 NAME	:		
STREET ADDRESS	100 NW 28TH ST B-3		3.3 STREE	ET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL 3.4		3.4. CITY-	- ST-ZIP		
TITLE		☐ DE	LETE 4.1 TITLE			Change Addition
NAME			4. 2 NAME	É		
STREET ADDRESS			4.3 STREE	ET ADDRESS		
CITY-ST-ZIP			4.4 CITY-	ST-ZIP		
TITLE	DELETE 5.1 T		LETE 5.1 TITLE			Change Addition
NAME			5.2 NAME	:		
STREET ADDRESS			5.3 STREE	ET ADDRESS		
CITY-ST-ZIP			5.4 CITY-	ST-ZIP		
TITLE		☐ DEI	LETE 6.1 TITLE			Change Addition
NAME			6.2 NAME			
STREET ADDRESS	#	^ ^	6.3 STREE	T ADDRESS		
CITY-ST-ZIP		/ \/ \	6.4 CITY-	ST-ZIP		
14. Thereby o	certify that the information supplic		qualify for the exemp	ption stated i	n Section 119.07(3)(i), Florida Statutes. I further c	
indicated on this annual report of supplemental andual 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 truftee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in						
Block 12	or Block 13 if change that on an	ratlachmen⊁with an addres	SS.	,	• • • • • • • • • • • • • • • • • • • •	, , , , , , , , , , , , , , , , , , , ,