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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

2a. Mailing Address

City & State

Suite, Apt. #, etc.

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Name and Address of Current Registered Agent

## DOCUMENT # P93000015959

R.L. TEWKSBURY, INC.

Principal Place of Business

HICKEY, PETER

100 NW 28TH STREET

**BOCA RATON FL 33431** 

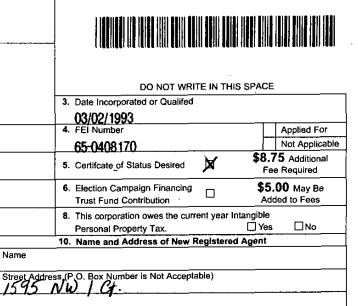
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Principal Place of Business	Mailing Address			
100 NW 28TH ST 8-3	P.O. BOX 4001 BOCA RATON FL 33429			
BOCA RATON FL 33431	US US			
us				

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## **FILED** Feb 26, 1999 8:00 am Secretary of State

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office or r	to the provisions of Sections 607.0502 and 607. egistered agent, or both, in the State of Florida. m familiar with, and accept the obligations of, Se	Such change was aut	horized by the corpo	corporation submits this state pration's board of directors. I h	ment for the purpose of hereby accept the appo	changing its r intment as reg	egistered istered
SIGNATURE	Signature, typed or printed name of registered agent and title if ap-	nicable (NOTE: F	Registered Agent signature in	equired when reinstating)	DATE		<del></del>
12.	OFFICERS AND DIRECT		13.		GES TO OFFICERS A	ND DIRECTOR	RS IN 12
TITLE	PD	DELETE	1.1 TITLE			Change	☐ Addition
NAME	•		1.2 NAME			,	
	MAESEL, SAHWN		1.3 STREET ADDRESS	1595 NW 19	-		
STREET ADDRESS	100 NW 28TH ST B-3		1.4 CITY-ST-ZIP	Boca Raton	16. 33422		
CITY-ST-ZIP	BOCA RATON FL	□ DELETE	2.1 TITLE	DO YOU PLOUSELY	10000	Change	[ ] Addition
TIMLE	DV	Detter		•		J	<b>.</b>
NAME	TROUF, RICHARD		2.2 NAME	1595 NW 1CT			
STREET ADDRESS	100 NW 28TH ST B-3		2.3 STREET ADDRESS	Boca) Ration	6 271122		
CITY-ST-ZIP	BOCA RATON FL		2.4 CITY-ST-ZIP	DOCAL NUTUR	10 33406		☐ Addition
TITLE	TDV	☐ DELETE	3.1 TITLE			Change	
NAME	HICKEY, PETER		3.2 NAME	1111 1 Ct	-	•	
STREET ADDRESS	100 NW 28TH ST B-3		3.3 STREET ADDRESS	1240, 10,01 0	C 22122		
CITY-ST-ZIP	BOCA RATON FL		3 4, CITY-ST-ZIP	1595. NW 1 Ct Boca Raten	12 33432	<u> </u>	
TITLE		☐ DELETE	4.1 TITLE			☐ Change	☐ Addition
NAME			4. 2 NAME				
STREET ADDRESS			4.3 STREET ADDRESS				
CITY-ST-ZIP			4.4 CITY-ST-ZIP			•	
TITLE		☐ DELETE	5.1 TITLE			Change	☐ Addition
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREET ADDRESS				•
CITY-ST-ZIP			5.4 CITY-ST-ZIP				
TITLE		☐ DELETE	6.1 TITLE			Change	☐ Addition
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREET ADDRESS				
CITY-ST-7IP		$\overline{}$	6.4 CITY-ST-ZIP				İ

Country

81 Name

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14. I hereby certify that the information supplied with this kind 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 supplier ental 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 of trustee entrowered 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.

SIGNATURE: