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 # P93000018691 (4)

R.S.B.	OF WEST PALM BEACH,	INC.	•							
Principal Place of Business Mailing Address						-{	TIEBL TEINE		INDI HARI HORI	
16935 KNIGHTSBRIDGE LANE DELRAY BEACH FL 33484 16935 KNIGHTSBRIDGE LANE DELRAY BEACH FL 33484										
						DO NOT WRITE IN THIS SPACE				
						3. Date Incorporated or Qualified				
2. Principal F	2. Principal Place of Business 2e. Mailing Address					03/05/1993 4. FEI Number		Applied For		
21	—g ` h ,					65-0394938			lot Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, et	Suite, Apt. #, etc.			5. Certificate of Status Desired		\$8.75 Additional Fee Required		
City & Stat	0	City & State			· · · · · · · · · · · · · · · · · · ·	6 Flagtion Communicat Financian				
23		28				Election Campaign Financing Trust Fund Contribution			May Be to Fees	
Zip	Country	Zip	·	ountry	1	8. This corporation owes or has paid the				
24	25	29	30	·-		Personal Property Tax due June 30.	☐ Ye		No	
	g, Name and Address of Curr	eni Hegistered Agent		81	Name	10. Name and Address of New Register	ea Agen	ı t		
BLUM, GERALD 16935 KNIGHTSBRIDGE LANE DELRAY BEACH FL 33484				82		ress (P.O. Box Number is Not Acceptable)				
DE	LHAT DEAUTI PL 33989			83	 					
				84	City	···	85	Zip	Code	
agent. La SIGNATURE	um familiar with, and accept the ob- Signature typed or pissind have of regestered					poration submits this statement for the purpos ation's board of directors. I hereby accept the				
12,		NO DIRECTORS	13			ADDITIONS/CHANGES TO OFFICERS		ЕСТО	RS IN 12	
TITLE	D	DILE	E 1.1	TITLE				Change	Addition	
NAME	Blum, Gerald		1.2	NAME						
STREET ADDRESS	16935 KNIGHTSBRIDGE LA	NE	1.3	STREE	T ADDRESS					
CITY-ST-ZIP	DELRAY BEACH FL 33484			CITY-S	ST-ZIP					
TITLE		☐ DELET	1	TITLE			L., (Change	Addition	
NAME				NAME						
STREET ADDRESS	1				I ADDRESS					
CITY-ST-ZIP TITLE		DELE)		TITLE	ST-ZIP			Change	Addition	
NAME		D(CC		NAME				orango.	L. radiitori	
STREET ADDRESS					T ADDRESS					
CITY-ST-ZIP					ST-ZIP					
TITLE		DELET		TITLE				Change	Addition	
NAME			4 2	NAME						
STREET ADDRESS			4.3	STALET	r address					
CITY-ST-ZIP			4.4	CITY - S	ST-ZIP					
TITLE		DETE:		TITLE				hange	Addition	
NAME			5.2	NAME						
STREET ADDRESS			5.3	STREET	ADDRESS					
CITY-ST-ZIP	}		5.4	CITY-	ST-ZIP					

14. Thereby certify that the information supplied with this filling 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 truster 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 own attachment with an address.

61 TITLE

6.2 NAME

6.3 STREET ADDRESS

SIGNATURE:

NAME

STREET ADDRESS

Tecald Blun

DELETE

3/2/98

☐ Change

FILED

Mar 11 1998 8:00am

Secretary of State