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

PROFIT نيز CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000048111

RBA, INC.

FILED Mar 29, 1999 8:00 am Secretary of State

03-29-1999 90033 027 ***150.00



Principal Place of Business Mailing Address						
860 STATE ROAD 434, NORTH 860 STATE ROAD 434, NORTH						
SUITE 7 SUITE 7					DO NOT WOLTE MI THE OBACE	
ALTAMONTE SPRINGS FL 32714 ALTAMONTE SPRINGS FL 327			4		DO NOT WRITE IN THIS SPACE	
					. 3. Date Incorporated or Qualifed 07/09/1993	
2. Principal Pla	ace of Business	2a. Mailing Address			4. FEI Number Applied For	
26					59-3194274 Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired \$8.75 Additional	
 1		27			Fee Required	
City & State		City & State			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees	
		Country	,			
					8. This corporation owes the current year Intangible Personal Property Tax.	
24	9. Name and Address of Current				10. Name and Address of New Registered Agent	
	or reality and reality of the series		81	Name		
GOODMAN, LAUREN B			92	82 Street Address (P.O. Box Number is Not Acceptable)		
860 STATE ROAD 434, NORTH			82	Street A	: Address (P.O. Box Number is Not Acceptable)	
SUITE 7			83			
ALTAMONTE SPRINGS FL 32714			84	City	85 Zip Code	
				'	FL '	
11. Pursuant t	to the provisions of Sections 607.0502	and 607.1508, Florida Statutes, t	he abov	e-named c	d corporation submits this statement for the purpose of changing its registered	
office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.						
SIGNATURE						
	Signature, typed or printed name of registered agent			nt signature rec	required when rematating) DATE DATE	
12.	OFFICERS ANI		13.	- 1	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 P/S/D RI Change ☐ Addition	
TITLE	VSD	☐ DELETE	1.1 TITLE		P/S/D ⊠ Change ☐ Addition Goodman, Lauren B.	
NAME	GOODMAN, LAUREN B		1.2 NAME		oco mili para da da Maratha Costa 7	
STREET ADDRESS	860 SR 434 N STE 7			TADORESS	Altamonte Springs, FL 32714	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL	☐ DELETE	1.4 CITY-S 2.1 TITLE	T-ZIP	V/T/D · MChange Addition	
TITLE	TD		2.2 NAME		Goodman, Michael A.	
NAME	GOODMAN, MICHAEL A 860 SR 434 N STE 7			TADDRESS	1 000 - 1 0 0 0 0 0 0	
STREET ADDRESS			2.4 CITY-5		Altamonte Springs, FL 32714	
CITY-ST-ZIP			3.1 TITLE		Change Addition	
NAME	GOODMAN, WILLIAM	_	3.2 NAME	1		
STREET ADDRESS	l dia de la factoria de la la compansión de		3.3 STREE	T ADORESS	3	
CITY-ST-ZIP	librian alabas and the second		3.4. CITY-5			
TITLE	VD	☐ DELETE	4.1 TITLE		. Change Addition	
NAME	T		4. 2 NAME	1		
STREET ADDRESS	860 SR 434 N STE 7		4.3 STREE	TADORESS		
CiTY-ST-ZIP	ALTAMONTE SPRINGS FL 3271		4.4 CITY- S	T-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition	
NAME			5.2 NAME	-		
STREET ADDRESS				TADDRESS	; 	
CITY-ST-ZIP			5.4 CITY- S	T-ZIP	PTAL TALES	
TITLE		☐ DELETE	6.1 TITLE	ł	☐ Change ☐ Addition	
NAME			6.2 NAME			
STREET ADDRESS				TADDRESS	3	
CITY-ST-ZIP			6.4 CITY-S	T-ZIP		

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 or attachment with an address, with all other like empowered.

SIGNATURE:

Goodman, President 3/11/99

(407) 788-6555