SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996 DIVISION OF CORPORATIONS DOCUMENT # P93000052112 (8)									
	R ENTERPRISES, INC.								
Principal Place	of Business	Mailing Address				-			
101 SHEFFIELD CIRCLE W PALM HARBOR FL 34683 US		101 SHEFFIELD CIRCLE W PALM HARBOR FL 34683 US			Date Incorporated or Qualified 3a. Date of Last Report				
					- <u>-</u>	07/19/1993	01	/26/1995	
Principal Place of Business		2a. Mailing Address				4. FEI Number 59-3229724		Applied Fe Not Applie	
Suite Apt		Suite, Apt #, etc				39-3228724		\$8.75 Addition	
Solie Whi i	v, etc	27				5. Certificate of Status Desired		Fee Required	
City & State		City & State				Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees	
Zıp	Country 25	Ζιρ	30	intry		8. This corporation has liability for iii Florida Statutes	ritangible Yes	tax under s. 199 03	12,
	9. Name and Address of Curre		1301			10. Name and Address of New Reg	lstered .	Agent	
CAT	THER, KATHERINE A			81	Name				
101 SHEFFIELD CIRCLE W				82	Street Add	iress (P.O. Box Number is Not Acceptable	ie)		
	M HARBOR FL 34683			B3					
				B3					
				84	City		EI	85 Zip Code	
IGNATURE	Signature type for printed name of reachered a	igent arostenit applicable (f	WOLF Registere			poration submits this statement for the purion's board of directors. I hereby accept the two tweetings.	[+A*E		
2.		ND DIRECTORS DELETE	13.	D E	·	ADDITIONS/CHANGES TO OFFIC	ERS ANI		ddit.on
TLE Ame	DVPS Sather, Katherine A	· · · · · · · · · · · · · · · · · · ·		AME					
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CITY-ST-ZIP 14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119 07(3)(k). 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address

64 CHY-ST ZIP

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNATURE AND TYPED OR PRINTED NAME OF SIGNAPO OFFICER OR DIRECTOR

ATHERINE

ATHERIA

813-186-8675 Organica