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**

Apr 30, 1999 8:00 am Secretary of State

04-30-1999 90155 050 ***150.00

DOCUMENT #

1. Corporation Name

RNS OF BOCA RATON, INC.						
Principal Place of Business	Mailing Address					
•	•	•		•		
28 CLINT MOORE ROAD DCA RATON FL 33487 S	9076 E SW 21ST CT BOCA RATON FL 33428 US		DO NOT WRITE IN THIS SPACE			
				3. Date Incorporated or Qualifed	•	
		a care a service	2000	07/27/1993		
Principal Place of Business	2a. Mailing Address			4. FEI Number	<u> </u>	olied For
9076E SU 212 CT	26	· ·		65-0435915	<u> </u>	Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired	ertificate of Status Desired Fee Required	
City & State	City & State	27 City & State		6 Floatice Communican Financian		·
	 	28		6. Election Campaign Financing Trust Fund Contribution	\$5.00 Added to	
¦ 多多キング Zip Country	, ,	Zip Country		8. This corporation owes the current year I		
25	· _ ,	30		Personal Property Tax.		₽No
9. Name and Address of Cu				10. Name and Address of New Registere	l Agent	ĵ
	<u> </u>	81 N	ame			
NEWMAN, SCOTT		82 S	root Adde	ress (P.O. Box Number is Not Acceptable)		
9076 E. S.W. 21ST COURT		62 51	reet Addr	ess (P.O. Box Number is Not Acceptable)		
BOCA RATON FL 33428		83				
. ·	•				las Zin C	
•		84 Ci	ty	F	85 Zip C	ode
agent. I am familiar with, and accept the of	Section 607.0505, Flor	Ithorized by the ida Statutes. Registered Agent sign		oration submits this statement for the purpose on's board of directors. I hereby accept the app	_	pistered
	S AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTO	RS IN 12
TLE VS	☐ DELETE	1.1 TITLE		•	☐ Change	☐ Addition
I -	NEWMAN, SCOTT H					
TREET ADDRESS 9076 E SW 21ST CT	· · · · · · · · · · · · · · · · · · ·		RESS			
TY-ST-ZIP BOCA RATON FL 33428	•	1.4 CITY-ST-ZIP	ļ	•		
TLE V	☐ DELETE	2.1 TITLE	1		☐ Change	☐ Addition
ME ANDERSON, THERESA		2.2 NAME	İ			
REET ADDRESS 22053 FLANDERS CART		2.3 STREET ADD	RESS			_ _ = _ =
TY-ST-ZIP BOCA RATON FL		2. 4 CITY-ST-ZIF			C 0	7 A 4 400
TLE	☐ DELETE	3.1 TITLE			Change	Addition
AME.		3.2 NAME				3
TREET ADDRESS		3.3 STREET ADD	RESS			
TY-ST-ZIP		3.4. CITY-ST-ZIF		·	Change	Addition
TLE	Determ	4.1 TITLE			Change	
AME [☐ DELETE		ĺ			
FREET ADDRESS	DELETE	4.2 NAME				
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	☐ DELETE	4.2 NAME 4.3 STREET ADD 4.4 CITY-ST-ZIP 5.1 TITLE	RESS		☐ Change	☐ Addition
AME		4.2 NAME 4.3 STREET ADD 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME			[☐ Change	☐ Addition }
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TREET ADDRESS TY-ST-ZIP	☐ DELETE	4.2 NAME 4.3 STREET ADD 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADD 5.4 CITY-ST-ZIP 6.1 TITLE	RESS			

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 chapter 607, or on the attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE: