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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000058712 (9)

R.P.O. DEVELOPMENT, INC.

Principal Place of Business Mailing Address 503 N. ORLANDO AVE. 503 N. ORLANDO AVE.

FILED May 08 1997 8:00am Secretary of State



COCOA BEAC	H FL 32931	COCOA BEACH FL 32931-5171							
						3. Date Incorporated or Qualified 08/23/1993		e of Last R 1/1996	eport
2. Principal	Place of Business	2a. Mailing Address	28. Mailing Address			4. FEI Number		Ap	plied For
21	26				59-3202874		No	ot Applicable	
	Suite, Apt. #, etc.					5. Certificate of Status Desired		\$8.75	
22		27				b. Cermicate of Statos Desired		Fee Re	equired
City & Sta	ite:	City & State				6. Election Campaign Financing		\$5.00	May Be
23	·····	28			.:	Trust Fund Contribution		Added	io Fees
Zφ	Country	Zip		ountry	/	8. This corporation has liability for i	ntangible t	x under s	199.032,
24	25	29	30				-	No	
	9. Name and Address of Curr	ent Registered Agent			T 11	10. Name and Address of New Re	gistered A	ent .	
	DEMAKER, JOHN B			81	Name				
	N. ORLANDO AVE.			82	Street Add	ress (P.O. Box Number is Not Acceptab	ole)		
COCOA BEACH FL 32931					1				
				63					
				84	City			85 Zip (Code
				"			FL	`	
11. Pursuan	to the provisions of Sections 607.0	502 and 607.1508, Florida Stati	utes, the	abov	e-named corp	poration submits this statement for the p	urpose of o	hanging it	s registered
agent 1	registered agent, or boin, in the Sta am familiar with, and accept the obj	ite of Florida. Such change was igations of, Section 607.0505. F	s authoriz Florida St	eo by	y the corporat s.	poration submits this statement for the p tion's board of directors. I hereby accep	ot the appo	intment as	registered
SIGNATURE	•								
SIGIVATORI.	Styriature, typed or printed name of registered a	agent and title it applicable. (NC	OTE: Registe	red Age	ent signature requi	red when reinstating)	DATE		
12.		ND DIRECTORS	13	١,		ADDITIONS/CHANGES TO OFFIC	ERS AND	DIRECTOR	S IN 12
DIG	DPT	☐ DELETE	1.1	TITLE				Change	Addition
NAME	Kodsi, Albert		1.2	NAME					
STREET ADDRESS		TE 105	1.3	STREET	ADDRESS				
City SE-ZIP	COCOA BEACH FL		1.4	CAY-S	ST - ZIP				
HILF	D	DELETE		TITLE				Change	Addition
NAME	KODSI, JOSEPH		2.2	NAME					
STREET ADDRESS	503 N. ORLANDO AVE., SUR	TE 105	23	STAFFT	ADDRESS				
CHY-ST-ZIP	COCOA BEACH FL 32931			CITY-	.,				
TITLE	VPS	DELETE		TITLE	31-21F	· · · · · · · · · · · · · · · · · · ·	т	Change	Addition
NAME	SHOEMAKER, JOHN B E			NAME			L	0.1311 <u>9</u> 0	,oniion
STREET ADDRESS	503 N ORLANDO AVE STE 1	05			ADDRESS				
CHY-ST-ZIP	COCOA BCH FL	••					S .		
TIBE		DELETE		CITY - S	51-217		т.	Change	Addition
NAME		C orrect	•	HILE NAME			L	change	
STREET ADDRESS			4		ADDRESS				
CHY-SI-ZIF		DELETE		CITY S	ST-ZIP		······································	Tokin-	1449
DILE		☐ perete	1	TITLE	"		٠ .	Change	Addition
NAME				NAME					
STREET ADDRESS			5.3	STREET	ADDRESS				
CITY+S1-Z6				CITY-S	51 - ZIP				
HILE		DELETE	6.1	TITLE			I	Change	Addition
NAME	1	4	6.2	NAME					
STREET ADORESS			6.3	STREET	ADDRESS				
011Y-S1-20F	1	•	6.4	CITY-S	ST-ZIP				
	the cortifue that the information pusel	ind with this filing done not aven	1.4 . 4			die Gester 440 07/0V/) Fleside Gleb de			

recomercity 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 on an attachment with an address.

SIGNATURE:

4/7/97

407_784-3266