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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STAT

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000058712 (9)

R.P.O. DEVELOPMENT, INC.

								81 1888 1181 1881	
Principal Place of Business Mailing Address						i (dalifia) (18 18188 (11)) 88111 88111 88111 88111	1 1 9 861 1 99	D) ((D)B ()D) (D)	
503 N. ORLANDO AVE.		503 N. ORLANDO AVE.							
SUITE 105 COCOA BEACH FL 32931		SUITE 105				DO NOT WRITE IN THIS SPACE			
COCOM BEAC	M FL 32801	COCOA BEACH FL 32931				3. Date Incorporated or Qualified			
						08/23/1993			
2. Principal P	ace of Business	2a. Mailing Address				4, FEI Number		Applied For	
21		26				59-3202874		Not Applicable	
Suite, Apt.	#, elc.	Suite, Apt. #, etc.				5. Certificate of Status Desired	\$8.7	5 Additional	
22		27				5. Certificate of Status Desired	Fee	Required	
City & State						6. Election Campaign Financing		00 May Be	
23	The state of the s					Trust Fund Contribution		led to Fees	
Zip	├ -¬ ′	Country Zip Co		У	8. This corporation owes or has paid the current year Intangible				
24	25 Name and Address of Curren	29	30		Personal Property Tax due June 30. Yes No				
		ir uadistetan Wastit	81	T Na	ame	10. Name and Address of New Registered A	gent		
	OBMAKER, JOHN B			L					
503 N. ORLANDO AVE.			82	St	Street Address (P.O. Box Number is Not Acceptable)				
COCOA BEACH FL 32931			83	\vdash					
			84	Ci	ly	FL	85 2	Zip Code	
11, Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named							L. L changir	a its registered	
office or re	egistered agent, or both, in the State m familiar with, and accept the obligi	of Florida, Such change was	authorized b	v the	corporation	on's board of directors. I hereby accept the appo	ointment	as registered	
•	m taminai witti, asia accept tric obligi	aticals or, Section 607.0303, 11	onda Statute	3.					
SIGNATURE	Signature, typed or printed name of registered age	rot and tele if applicable (NO	1E Registered Ag	ent sig	nature require	ed when reinstating) DATE			
12.	OFFICERS ANI		13.			ADDITIONS/CHANGES TO OFFICERS AND	DIRECT	TORS IN 12	
TITLE	DPT	☐ DELET E	1.1 TiTLE				Chan	ge 🔲 Addition	
NAME KODSI, ALBERT			1.2 NAME	1.2 NAME					
STREET ADDRESS 503 N. ORLANDO AVE., SUITE 105			1.3 STREE	1.3 STREET ADDRESS					
CITY-ST-ZIP	COCOA BEACH FL		1.4 CITY -	ST-ZIP					
TITLE	VPS	DELETE	2.1 TITLE				Chan	ge L_J Addition	
NAME	SHOEMAKER, JOHN B E		2.2 NAME	L i					
STREET ADDRESS				2.3 STREET ADDRESS					
CITY-\$T-ZIP				2. 4 CITY - ST - ZIP			Char	an Baddistan	
TITLE				3.1 TITLE			Chan	ge L. Addition	
NAME				3.2 NAME					
STREET ADDRESS				3 STREET ADDRESS					
CITY-ST-ZIP TITLE		☐ DELETE	3.4. CITY- 4.1 TITLE	ST-ZIF	'		Chan	ge Addition	
						'	L Chan	Ac T Vancou	
NAME PERFECT APPROVES			4. 2 NAME		Tee				
STREET ADDRESS			4.3 STREE		E22				
TITLE		DELETE	4.4 CITY - 5.1 TIBLE	51 - ZIP			Chan	ge Addition	
NAME		CII VICEIL	5.2 NAME						
STREET ADDRESS			5.3 STREE	T ADDD	iree				
			5.4 CITY-		I				
CITY-ST-ZIP TITLE		DELETE	6.1 TITLE	31 - 5 If.			Chan	ge Addition	
NAME			6.2 NAME						
STREET ADDRESS			6.3 STREE	I YUUD	ess				
CHIELLI ADDISCOO			0.0 DINCE						

14. 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 repeiver 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 of the corporation with an address.

TOUN D CHORMAKER V

(407) 784-3266

FILED

May 14 1998 8:00am

Secretary of State