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

DOCUMENT # P93000058712

1. Corporation Name

R.P.O. DEVELOPMENT, INC.

Principal Place of Business Mailing Address	{
503 N. ORLANDO AVE. 503 N. ORLANDO AVE.	
SUITE 105 SUITE 105 COCOA BEACH FL 32931 COCOA BEACH FL 32931 DO NOT WRITE IN	THIS SPACE
COCOA BEACH FL 32931 COCOA BEACH FL 32931 DO NOT WRITE IN 3. Date Incorporated or Qualified	
08/23/1993	
2. Principal Place of Business 2a. Mailing Address 4. FEI Number	Applied For
26 59-3202874	Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired	\$8.75 Additional
27	Fee Required
City & State 6. Election Campaign Financing	\$5.00 May Be
23 Trust Fund Contribution	Added to Fees
Zip Country Zip Country 8. This corporation owes the current ye	ear Intangible
24 25 29 30 Personal Property Tax. 9 Name and Address of Current Registered Agent 10, Name and Address of New Registered Agent 10, Name 20, Name 2	
9. Name and Address of Current Registered Agent 10. Name and Address of New Registers 81 Name	
SHOEMAKER, JOHN B	
503 N. ORLANDO AVE. 82 Street Address (P.O. Box Number is Not Acceptable)	
COCOA BEACH FL 32931	
84 City	FL 85 Zip Code
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purportice 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 agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.	ose of changing its registered appointment as registered
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Signature, typed of printed name in registered agent and title in application. (NOTC, Nogotio of Agent agriculta in agricu	ATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICE	RS AND DIRECTORS IN 12
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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 on an attachment with an address, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

FILED

May 06, 1999 8:00 am Secretary of State

05-06-1999 90100 025 ***150.00

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