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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9300070545

1. Corporation Name

RRH CAL	ABRO INC						81 6 711 1 86 7 81 8 11 1 86 1
Principal Place	of Business	Mailing Address				OBINI 40015 00195 01115 6161	EL MENT HORE
710 - 12TH STREET N.E. 710 - 12TH STREET N.E. NAPLES FL 34120 US US					DO NOT WRITE IN	THIS SPACE	
00					3. Date Incorporated or Qualifed		
		The Annual Address of		_	10/04/1993 4. FEI Number	Annli	ed For
<u> </u>	ace of Business	2a. Mailing Address					Applicable
21	# -A-	Suite, Apt. #, etc.			65-0451416	\$8.75 Add	
Suite, Apt. #, etc. Suite, Apt. #, etc. 27					5. Certificate of Status Desired	Fee Requ	
City & State City & State					6. Election Campaign Financing	\$5.00 ма	
23		28			Trust Fund Contribution	Added to I	Fees
Zip	Country	Zip	Country	•	8. This corporation owes the current ye		2
24	25		30		Personal Property Tax.		No No
	9. Name and Address of Current	Registered Agent	81	Name	10. Name and Address of New Regist	ereo Agent	
CAL	ABBO BICHABD		01	Name			
CALABRO, RICHARD 710 - 12TH STREET N.E.			82	Street A	ddress (P.O. Box Number is Not Acceptable)		
NAPI	LES FL 34120		83				
			84	City		FL 85 Zip Co	de
44 Durcunnt	to the provisions of Sections 607 0500	2 and 607 1508 Florida Statute	s the abov	e-named co	orporation submits this statement for the purpo		gistered
office or n agent. I a	egistered agent, or both, in the State of familiar with, and accept the obligat	of Florida. Such change was autions of, Section 607.0505, Flor	ithorized by ida Statutes	the corpor	orporation submits this statement for the purporation's board of directors. I hereby accept the	appointment as regis	itered
SIGNATURE	Signature, typed or printed name of registered agen	and title if applicable. (NOTE:	Registered Age	nt signature reg	quired when reinstating) DA	TE	'
12.	OFFICERS AN		13.		ADDITIONS/CHANGES TO OFFICER	S AND DIRECTOR	S IN 12
TITLE	P DELETE		1.1 TITLE			☐ Change	☐ Addition
NAME	CALABRO, RICHARD	1.2 NA					
STREET ADDRESS	710 - 12TH STREET N.E.) - 12TH STREET N.E.		TADDRESS		•	'
CITY-ST-ZIP	NAPLES FL 34120 140		1.4 CITY-S	T-ZIP			
TITLE	TP	DELETE 2.1 TI				☐ Change	Addition
NAME	CALABRO, ROBERT		2.2 NAME				
STREET ADDRESS	and orthography		2.3 STREE	T ADDRESS			
CITY-ST-ZIP	NAPLES FL 33962 2		2.4 CITY-	ST-ZIP			
TITLE	S	DELETE 3.1 TI				☐ Change	Addition
NAME	CALABRO, ELENA	. 32 N		1			
STREET ADDRESS	7 10 - IEIII OINEEL ME.		3.3 STREE	TADDRESS			
CITY-ST-ZIP	10.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0		3.4. CITY-	ST-ZIP			
TITLE		DELETE 4.1 TI				☐ Change	☐ Addition
NAME			4. 2 NAME				1
STREET ADDRESS			4.3 STREE	TADDRESS			
CITY-ST-ZIP			4.4 CITY-5	T-ZIP			
TITLE		☐ DELETE	5.1 TITLE			☐ Change	☐ Addition
NAME			5.2 NAME			•	
STREET ADDRESS				TADDRESS			
CITY-ST-ZIP			5.4 CITY-S 6.1 TITLE	SI-ZIP		☐ Change	Addition
TITLE	•	☐ DELETE	6.1 HILE 6.2 NAME				
NAME				T ADDRESS			
CTDEET ANDDESS							

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 suppliemental 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 expressed to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if phanged, or on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

alioco ME OF SIGNING OFFICER OR DIRECTOR