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

Mailing Address 4800 BAYVIEW DR.

2a. Mailing Address

City & State

Suite. Apt. #. etc.

an attachment with an address.

FT. LAUDERDALE FL 33308-4909

#504

26

27

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000073559 (5)

R-PLACE, INC.

Principal Place of Business

FT. LAUDERDALE FL 33308

2. Principal Place of Business

appears in Block 12 or I

Suite. Apt. #, etc.

City & State

4800 BAYVIEW DR.

21

22

Added to Fees 23 28 Trust Fund Contribution Country Zip Zip Country This corporation has liability for injungible tax under s. 199.032, Yes No 30 Florida Statutes 24 25 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name WOZNIAK, DIANE M 4800 BAYVIEW DR. 82 Street Address (P.O. Box Number is Not Acceptable) **APT. 504** В3 FT. LAUDERDALE FL 33308 84 City 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 purpose of changing its registered office 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 appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE DATE Stgnature, typed or printed name of registered agent and title II applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. DELETE Change PTD 1.1 TITLE TITLE WOZNIAK, RUDY S 1.2 NAME NAME 4800 BAYVIEW DR. #504 STREET ADDRESS 1.3 STREET ADDRESS FT. LAUDERDALE FL 1.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition VDS 2.1 TITLE TITLE **WOZNIAK. DIANE** 2.2 NAME NAME 4800 BAYVIEW DR. #504 2.3 STREET ADDRESS STREET ADDRESS FT. LAUDERDALE FL 2. 4 CiTY-ST-ZiP CITY-ST-ZIP Change ___ Addition DELETE 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition 4.1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST - ZIP CITY-ST-ZIP Change Addition DELETE 5.1 TITL€ THILE 5.2 NAME NAME **5.3 STREET ADDRESS** STREET ADDRESS 5.4 City-St-ZiP CITY-ST-ZIP Change Addition DELETE 61 TITLE TITLE 62 NAME NAME **6.3 STREET ADDRESS** STREET ADDRESS 64 CITY-ST-ZIP DITY-ST-ZIP 14. I do 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 directory the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name

FILED Feb 11 1997 8:00am Secretary of State

3a. Date of Last Report

Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Not Applicable

96/6

04/12/1996

197 954-772-6557

|--|

3. Date incorporated or Qualified

10/18/1993

65-0446640

5. Certificate of Status Desired

6. Election Campaign Financing

4. FEI Number