FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAY -1 PM 1:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000003864 (3)**

1. Corporation Name
RALPH & RALPH, INC.

Principal Place of Business
1146 N.W. 83RD AVENUE
PLANTATION FL 33322

Mailing Address
1146 N.W. 83RD AVENUE
PLANTATION FL 33322

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/14/1994
3a. Date of Last Report:

2. Principal Place of Business
21 460 E. PALMETTO PK. RD.
Suite, Apt. #, etc.
22 BOCA RATON, FL.
City & State
23
Zip 24 33432 Country 25 USA

2a. Mailing Address
26 460 E. PALMETTO PARK RD
Suite, Apt. #, etc.
27
City & State
28 BOCA RATON FL.
Zip 29 33432 Country 30 USA

4. FEI Number: 65-0477251 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under § 199.032, Florida Statutes ☑ Yes ☐ No

9. Name and Address of Current Registered Agent
KEY CORPORATE SERVICES INC.
200 S. BISCAYNE BLVD.
12TH FLOOR
MIAMI FL 33131-2310

10. Name and Address of New Registered Agent
01 Name: RALPH LEVINE
02 Street Address (P.O. Box Number is Not Acceptable): 460 E. PALMETTO PARK RD.
03
04 City: BOCA RATON FL 05 Zip Code: 33432

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: Ralph S. Levine PRESIDENT RALPH LEVINE 4-25-95
(Signature of a member of the Registered Agent's Board of Directors) (Title) (Registered Agent's Signature required after registering) (Date)

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
01 TITLE / NAME / STREET ADDRESS / CITY, ST, ZIP	1.1 TITLE: P/D 1.2 NAME: RALPH LEVINE 1.3 STREET ADDRESS: 460 E. PALMETTO PARK RD. 1.4 CITY, ST, ZIP: BOCA RATON, FL 33432	☐ Change ☑ Addition
02 TITLE / NAME / STREET ADDRESS / CITY, ST, ZIP	2.1 TITLE: V/D 2.2 NAME: CYNTHIA LEVINE 2.3 STREET ADDRESS: 460 E. PALMETTO PARK RD. 2.4 CITY, ST, ZIP: BOCA RATON, FL. 33432	☐ Change ☑ Addition
03 TITLE / NAME / STREET ADDRESS / CITY, ST, ZIP	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY, ST, ZIP	☐ Change ☐ Addition
04 TITLE / NAME / STREET ADDRESS / CITY, ST, ZIP	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY, ST, ZIP	☐ Change ☐ Addition
05 TITLE / NAME / STREET ADDRESS / CITY, ST, ZIP	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY, ST, ZIP	☐ Change ☐ Addition
06 TITLE / NAME / STREET ADDRESS / CITY, ST, ZIP	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY, ST, ZIP	☐ Change ☐ Addition

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(bb), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report filed herewith is true and correct 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: Ralph S. Levine RALPH S. LEVINE PRESIDENT 4-25-95 407 367-9953
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Daytime Phone #)

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