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

PROFIT CORPORATION



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham ANNUAL REPORT Secretary of State 1998 DIVISION OF CORPORATIONS DOCUMENT # P94000005239 (6)

FILED Apr 27 1998 8:00am Secretary of State

RG AS	SOCIATES, INC.				
Principal Plac	e of Business	Mailing Address		- I SCONIODA NIC IDENT DEBEN CONTE CONSE CONTE	## ##################################
10026 LEXINGTON CIRCLE N 10026 LEXINGTON CIRCLE N BOYNTON BEACH FL 33436 BOYNTON BEACH FL 33436 US				DO NOT WRITE IN TH	HIS SPACE
•		••		3. Date Incorporated or Qualified	
A B	10			01/01/1994	
2. Principal Place of Business 2a. Mail 26		2a. Mailing Address		4, FEI Number	Applied For Not Applicable
Suite, Apt. #, elc		Suite, Apt. #, etc.		65-0463281	\$8.75 Additional
22		27		5. Certificate of Status Desired	Fee Required
City & Stat	0	City & State		6. Election Campaign Financing	\$5.00 May Be
Z ip	Country	28 Z(p	Country	Trust Fund Contribution	Added to Fees
24	25	29	30	This corporation owes or has paid the Personal Property Tax due June 30.	Yes No
<u>••• </u>	9. Name and Address of Curr		1301	10. Name and Address of New Register	
GC	LDER, RANDEE		81 Name		
10026 LEXINGTON CIRCLE N			82 Street Ad	dress (P.O. Box Number is Not Acceptable)	
BOYNTON BEACH FL 33436-4459					
			83		
			84 City		85 Zip Code
44 Pursuant	to the provisions of Sections 607.0	EO2 and EO7 1509 Florida Stat	utos the shove named co	-	-
office or r	egistered agent, or both, in the Sta m familiar with, and accept the obt	te of Florida Such change was	s authorized by the corpor	rporation submits this statement for the purpos ration's board of directors. I hereby accept the	appointment as registered
-	птапінаї жип, алд ассерстве орг	igations of, Section 607,0303, i	rionda Statutes.		
SIGNATURE	Signature, typed or printed name of registered i	agont and little if applicable (N	OTE: Registered Agent signature req		
12.	OFFICERS A	AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS /	
TITLE	D	DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	RAPPAPORT, HERBERT		. 1.2 NAME		
STREET ADDRESS	10026 LEXINGTON CIRCLE	N	1.3 STREET ADDRESS		
CITY-ST-ZIP	BOYNTON BEACH FL 59	DELETE	1.4 CITY-ST-ZIP		Change Addition
TITLE	D DANDEE	☐ DETE IE	2.1 TITLE		□ cuande □ vocution
NAME STREET ADDRESS	GOLDER, RANDEE 10026 LEXINGTON CIRCLE	N	2.2 NAME 2.3 STREET ADDRESS		
CITY-ST-ZIP	BOYNTON BEACH FL	N	2.4 CITY-ST-ZIP		
TITLE	DOTHION BEACHTE	DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY-ST-ZIP		
TITLE		DELETE	4.1 TITLE		Change Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		······································
TITLE		☐ DELETE	5 1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5 3 STREET ADDRESS		
CITY-ST-ZIP		Printe	5 4 CITY - ST - ZIP		Change Addition
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADORESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY - ST - ZIP		

14. Thereby 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.