## 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** 

## FILED Apr 23, 1999 8:00 am Secretary of State

04-23-1999 90158 010 \*\*\*150.00

DOCUMENT #	P9400005239
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RG ASSOCIATES, INC.

Principal Plac	e of Business	Mailing Address					
	TON CIRCLE N	10026 LEXINGTON CIRCI				ļ	
BOYNTON BEA	ACH FL 33436	BOYNTON BEACH FL 33	436			DO NOT WRITE IN THIS SPACE	
US		· US				3. Date Incorporated or Qualifed	1
						01/01/1994	1
2 Principal D	Place of Business	2a. Mailing Address	<del></del>			4. FEI Number Applied For	1
21	lace of Eddiness	26				65-0463281 Not Applicable	1
Suite, Apt.	#. etc.	Suite, Apt. #, etc.		,		\$8.75 Additional	1
22	<u> </u>	27				5. Certificate of Status Desired	<u> </u>
City & Stat	te	City & State				6. Election Campaign Financing \$5.00 May Be	1
23		28				Trust Fund Contribution Added to Fees	
Zip	Country	Zip	C	untry		8. This corporation owes the current year Intangible	l
24	25	29	30			Personal Property Tax. Yes You	1
	9. Name and Address of Current	Registered Agent		<del> </del> -		10. Name and Address of New Registered Agent	-
COL	LDER, RANDEE			81	Name		1
	26 LEXINGTON CIRCLE N			82	Street Ac	Address (P.O. Box Number is Not Acceptable)	1
							4
וטם	INTON BEACH FL 33436-4459			83			ŀ
				84	City	85 Zip Code	1
•		_			_	FL 63 Ep 3300	1
11. Pursuant	to the provisions of Sections 607:0502	and 607:1508, Florida Stat	utes, the	above	-named co	corporation submits this statement for the purpose of changing its registered areas are directors. I hereby accept the appointment as registered	
agent. I a	registered agent, or both, in the State of am familiar with, and accept the obligation	ons of, Section 607.0505, F	lorida Sta	itutes.	uie corpore		
SIGNATURE				•			
	Signature, typed or printed name of registered agent				t signature requ	quired when reinstating) DATE	- 6
12.	OFFICERS AND		13			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	1
TITLE	D DADDADODT UEDDEDT	☐ DELETÉ		TITLE		. Change Addition	}
NAME	RAPPAPORT, HERBERT			NAME			8
STREET ADDRESS					ADDRESS		1
CITY-ST-ZIP	BOYNTON BEACH FL 59	- Delete	_	CITY-SI	r-zip	☐ Change ☐ Addition	18
TITLE	D SOURCE SAMPLE	☐ DELETE		TITLE		☐ Change ☐ Addition	'
NAME	GOLDER, RANDEE			NAME	}	•	l
STREET ADDRESS					ADDRESS	,	Ì
CITY-ST-ZIP	BOYNTON BEACH FL			CITY-S	T-ZIP	☐ Change ☐ Addition	-
TITLE	}	DELETE"	- 1	TITLE	1	☐ Citalige ☐ Addigon	1
NAME				NAME			
STREET ADDRESS					ADDRESS		
CITY-ST-ZIP				CITY-S	T-ZIP	Change Addition	┥
πιE	1	☐ DELETE		TITLE		Clarige Clarine	
NAME				NAME	1		
STREET ADDRESS	3				ADDRESS		
CITY-ST-ZIP		——————————————————————————————————————		CITY-S1	r-ZiP		1
TITLE ,		☐ DELETE		IIILE		☐ Change ☐ Addition	
NAME	1			NAME		•	1
STREET ADDRESS	· ·				ADDRESS		1
CITY-ST-ZIP				CITY-S1	r-ZIP		-
TITLE	1	☐ DELETE		IIILE		☐ Change ☐ Addition	
NAME			•	NAME	{		1
			<b>■</b> ¢ • •	OTHER	ADDRESS	•	1

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 tegal 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.

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP