FILE NOW: FILING FEE AFTER MAY 1 18 \$550.00

**PROFIT** CORPORATION **ANNUAL REPORT** 

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS** 

DOCUMENT # P94000021042 (4)

R INVESTMENTS, INC.

Principal Place of Business Mailing Address

**FILED** Jul 08 1997 8:00am Secretary of State



SUITE 200, BL 3000 NORTH F FORT LAUDER		SUITE 200. BUILDING TWO 3000 NORTH FEDERAL HWY. FORT LAUDERDALE FL 33306-1416			Date Incorporated or Qualified	3a Date	of Last	Report		
						3. Date Incorporated or Qualified 03/18/1994 3a. Date of Last Report 05/01/1996				
	lace of Business	2a. Mailing Address	28. Mailing Address			4. FEI Number APPLIED FOR 65-06	<u> </u>		Applied For	
21		26			APPLIED FOR 65 06	00 170		lot Applicable		
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	27			5. Certificate of Status Desired   \$8.75 Additional Fee Required				
City & State	e	City & State	<del>├</del> ¬ '			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees				
Zip 24	Country 25	7ip	7ip Countr 29 30			8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ Yes				
9. Name and Address of Current Registered Agent						10. Name and Address of New Registered Agent				
SANTANGELO, CARL G					Name					
3000 NORTH FEDERAL HWY BLDG. 2 SUITE 200				2	Street Addr	Address (P.O. Box Number is Not Acceptable)				
	RT LAUDERDALE FL 33306		B	3						
			8	4	City		FL	<b>85</b> Zip	) Code	
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above office or registered agent, or both, in the State of Florida Such change was authorized by agent. I am familiar with, and accept the obligations of, Section 607.0506, Florida Statute.						poration submits this statement for the prion's board of directors. I hereby accep	urpose of c	hanging ntment a	its registered is registered	
agent. i a SIGNATURE	m tamiliar with, and accept the obli	gations of, Section 607.0505, FI	onda Statut	es.						
				gon	nt signature requir	ed when reinstating)	DATE			
12.		ND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICE		Change		
TITLE NAME	CALIFALIONI O CADI O			1.1 TITLE 1.2 NAME			L		Addilion	
STREET ADDRESS	3000 N. FEDERAL HWY., ST	F. 200 - Bi DG. 2	1.2 NAME 1.3 STREFT ADDRESS		*nobtee					
CITY-ST-2IP	FORT LAUDERDALE FL 333		1.4 CiTY-SI-ZIP							
TITLE	☐ DELETE			2 1 1/1LE				Change	Addition	
NAME			2.2 NAME						ľ	
STREET ADDRESS			2.3 STREET ADDRESS		ADDRESS				l	
CITY-ST-ZIP				(-S1	1 - ZIP					
TITLE	☐ DELETE			3.1 TITLE				Change	Addition	
NAME			3.2 NAM	E						
STREET ADDRESS			3.3 STREET ADDRESS		adoress					
CITY-ST-ZIP	Dougra			3 4 CITY-ST-ZIP			r	1 01	A 4 45 1	
TITLE				4.1 TITLE			L	_] Change	☐ Addition	
NAME				4.2 NAME						
STREET ADDRESS				4.3 STREET ADDRESS 4.4 CITY+ST-ZIP						
CITY-ST-ZIP TITLE	□ DELETE 511				- ZIF			Change	Addition	
NAME				5.2 NAME			_			
STREET ADDRESS					ADDRESS				1	
CITY-ST-ZIP			5.4 City							
TITLE		DELETE						Change	Addition	
NAME			6.2 NAM							
STREET ADDRESS					ADDRESS					
CITY - ST - ZIP			6.4 CITY	- S1	- ZIP					

I do hereby certify that the information supplied with this filling 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.