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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name P94000026898 (4)

R.I.R.P.B., INC.

Principal Place of Business

Sulte, Apt. #, etc.

City & State

23

24

Mailing Address

**FILED** 

May 21 1998 8:00am

Secretary of State

DO NOT WRITE IN THIS SPACE

Zip Code

R.I.R.P.B. 7**34**3 Lake Worth Road Lake Worth, FL 33467

Country

9. Name and Address of Current Re

25

SCHWARTZ, MURRAY 6732 PALERMO WAY LAKE WORTH FL 33467 DYAL PALM SEASH FL-33411

				3.	04/07/1994				
Mailing Address			4. FEI Number 65-05 13725			Applied For			
<b>~</b> !						Not Applicable			
Suite, Apt. #, etc.			5.	Certificate of Status Desired	ficate of Status Desired				
City & State				6.	Election Cempaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees		
Ζ(μ)	30	Country 30			8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No				
gistered Agent			10. Name and Address of New Registered Agent						
81 Name									
82 Street Addr					O. Box Number is Not Acceptable)				

1. 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.

84 City

SIGNATURE	Signature, typed or printed name of registered agent and life if a	pphoable (NOTE	Registered Agent signature re-	quired when reinstating)	DATE
12.	OFFICERS AND DIRECTO		13.	ADDITIONS/CHANGES TO OFFIC	CERS AND DIRECTORS IN 12
TITLE	P	DELETE	1.1 TITLE		Change Addition
NAME	SCHWARTZ, MURRAY		1.2 NAME		
STREET ADDRESS	6732 PALERMO WAY		1.3 STREET ADDRESS		
City-St-ZIP	LAKE WORTH FL 33467		1.4 CITY - ST - ZIP	•	
TIPLE	V	DELETE	2.1 TITLE		Change Addition
NAME	SCHWARTZ, JEANETTE		2 2 NAME		
STREET ADDRESS	6732 PALERMO WAY		2.3 STREET ADDRESS		
CITY-ST-ZIP	LAKE WORTH FL 33467		2. 4 CITY - ST - ZIP		• **•
TITLE	M	DELETE	3.1 TITLE		Change Addition
NAME	PALLADINO, TRICIA		3.2 NAME		
STREET ADDRESS	5169 WOODSTONE CIRCLE EAST		3 3 STREET ADDRESS		
CITY-ST-ZIP	LAKE WORTH FL 33463		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		Υ
STREET ADDRESS			5.3 STREET ADDRESS		المار
CITY-ST-ZIP			5.4 CITY - ST - ZIP		56
TITLE		DELETE	6.1 TITLE	<b>000000253</b> -05/22/980100	hange Addition
NAME			6.2 NAME	-05/22/380100	1102
STREET ADDRESS			6.3 STREET ADDRESS	***150.00	

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 of rustice empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Postelin

4/28/98 561-964-3800