FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT **CORPORATION** ANNUAL REPORT



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

ANNOAL NEI	Oni
1996	

DOCUMENT #

P94000026999 (0)

RSB MOTORS, INC.		
Principal Place of Business	Mailing Address	
1850 S US #1 FT PIERCE FL 34950	1850 S US #1 FT PIERCE FL 34960	



Principal Place of Business Mailing Address					- 10011001 N.P. 10111 41011 30111 80111 80110 11010 11110 15110 15110 1011 1001			
1850 S US A FT PIERCE F			1850 S US #1 FT PIERCE FL 34950					
							3. Date Incorporated or Qualified	
2. Principal Pla	ice of Business	2a	. Mailing Address				4. FEI Number Applied For	
21		26					65-0486242 Not Applicable	
Suite, Apt. #	t, etc.	27	Suite, Apt. #, etc.				5. Certificate of Status Desired \$8.75 Additional Fee Required	
City & State			City & State				6. Election Campaign Financing \$5.00 May Be	
23		28				····	Trust Fund Contribution Added to Fees	
Zip	Country		Zip	Cour	ntry		8. This corporation has liability for intangible tax under s 199.032,	
24	[25]	29		30			Florida Statutes 🔼 Yes 🗌 No	
	9. Name and Address of Curre	nt Regis	stered Agent		T	<u></u> -	10. Name and Address of New Registered Agent	
					81	Name		
	AN, ROBERT H			ŀ	82	Street /	Address (P.O. Box Number is Not Acceptable)	
	SURGARHILL AVE			ļ				
JENSEN	BEACH FL 34957				83			
				ŀ	84	City	85 Zip Code	
						-	PL '	
or registere	o the provisions of Sections 607.050; ed agent, or both, in the State of Flor h, and accept the obligations of, Sec	ida. Sucl	h change was authorize	ed by the c	ve-n orpo	amed co oration's	corporation submits this statement for the purpose of changing its registered office is board of directors. I hereby accept the appointment as registered agent. I am	
SIGNATURE _								
h	Signature, typed or printed name of registered agen				Agent	i signature re	required when reinstating) DATE	
12.	OFFICERS AN	ID DIKE	DELETE	13.	7	т	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
	SHERMAN, ROBERT H		L.) beceix	1. 1 Til			Change Addition	
NAMÉ	3870 NE SURGARHILL AVE			1.2 NA				
STREET ADDRESS						ADDRESS		
CITY-ST-ZIP	JENSEN BEACH FL 34957		E Dritte	1.4 CIT		(-ZIP	MAN TO LAKE	
TITLE	_		DELETE	2. 1 Til			BRUCE S. Blum 2881 SW BRIGHTON WAY PALM CITY FL 34990 Addition	
NAME	BLUM, BRUCE S	004		2.2 NA			BRUCE S. DIVA	
STREET ADDRESS	9960 S OCEAN DR APT #10	bU4		2 3 ST	REET	ADDRESS	28\$1 SW BRIGHTON WAY	
CITY-ST-ZIP	JENSEN BEACH FL 34957		Flotter	2.4 CH		(-7IP	PAIM City FL 34990	
TITLE			□ DELETE	3.170			Change Addition	
NAME				3.2 NA				
STREET ADDRESS				1		ADDRESS		
CITY-ST-ZIP			FIGURE	3.4 CIT		í-ZIP		
TITLE			☐ DELETE	4.1 10			☐ Change ☐ Addition	
NAME				4.2 NA				
STREET ADDRESS				4,3 \$11	REET.	ADDRESS		
CITY-ST-ZIP			Constr	4.4 CIT		I-ZIP		
TITLE			☐ DELĒTE	5. 1 TH			☐ Change ☐ Addition	
NAME				5.2 NA				
STREET ADDRESS				4		ADDRESS		
CITY-ST-ZIP			Flaster	5.4 CIT	_	ſ-ZIP		
TITLE			☐ DELETE	6. 1 TH			Change Addition	
NAME				6.2 NA	ME			
STREET ADDRESS				6.3 ST	REET.	ADDRESS		
CITY - ST - ZIP				6.4 CIT				
I 14 Ido berebu	certify that the information supplied.	with this	: filing is voluntarily furni	ished and d	toes	anot qua	alify for the exemption stated in Section 119 07(3)(k). Florida Statutes, I further	

certify that the information indicated on this annual report or supplied with this limit is voluntarily furnished and does not quality for the exemption stated in Section 119.0/(3)(k). 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 kigal effect as if made under eath, 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 change for on an attachment with an address.

SIGNATURE