

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

CORPORATION  
ANNUAL REPORT  
1995



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

APPROVED  
AND  
FILED

1995 MAY -1 PM 9:27

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000029776 (9)**

1. Corporation Name  
**RNL, INC.**

Principal Place of Business

55 E OSCEOLA ST  
SUITE 102  
STUART FL

Mailing Address

55 E OSCEOLA ST  
SUITE 102  
STUART FL

100001492301

-05/17/95--01171--004

\*\*\*\*225.00 \*\*\*\*225.00

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/18/1994

3s. Date of Last Report

2. Principal Place of Business

21 44 W. Fleyler Ave

2a. Mailing Address

26 PO BOX 395

4. FEI Number

65-050-0850

Applied For

Not Applicable

Suite, Apt. #, etc.

22 Suite 2A

Suite, Apt. #, etc.

27

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

City & State

23 STUART, FL

City & State

28 STUART, FL

6. Election Campaign Financing

Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

Zip

24 34994

Country

25 USA

Zip

29 34995

Country

30 USA

7. This corporation has liability for intangible tax under S. 199.032,  
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

RUBIN, GUY B  
55 E OSCEOLA ST  
SUITE 102  
STUART FL

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

44 W. Fleyler Ave

83

84 City

STUART

FL

85 Zip Code

34994

11. 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.

SIGNATURE

Signature, typed or printed name of registered agent and the if applicable

(NOTE: Registered Agent signature required when reappointing)

3/16/95  
DATE

12. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY ST ZIP  
D  
RUBIN, GUY B  
55 E OSCEOLA ST SUITE 102  
STUART FL 34994

11 TITLE  
12 NAME  
13 STREET ADDRESS  
14 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY ST ZIP  
D  
LIPTON, JOEL J  
55 E OSCEOLA ST SUITE 102  
STUART FL 34994

21 TITLE  
22 NAME  
23 STREET ADDRESS  
24 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY ST ZIP  
D  
NEWMAN, LEE N  
1172 SOLANA AVE  
WINTER PARK FL 32789

31 TITLE  
32 NAME  
33 STREET ADDRESS  
34 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY ST ZIP

41 TITLE  
42 NAME  
43 STREET ADDRESS  
44 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY ST ZIP

51 TITLE  
52 NAME  
53 STREET ADDRESS  
54 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY ST ZIP

61 TITLE  
62 NAME  
63 STREET ADDRESS  
64 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY ST ZIP

71 TITLE  
72 NAME  
73 STREET ADDRESS  
74 CITY - ST - ZIP

☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(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 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 as an appointment with an address.

SIGNATURE:

Guy B. Rubin

3/16/95

(407)283-2004

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR