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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

FILED

May 08 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000036048 (4)

SIGNATURE:

SIGNATURE AND TYPED OR SEINTED NAME OF SIGNING OFFICER OR DIRECTOR

R & R SYS	STEMS, INC.						
Principal Place o	of Business	Mailing Address				1 INSTITUTE THE FOLIAR CHARLE COLLEGE BROKE COLLEGE STATES CALLED CHARLES COLLEGE COLLEGE STATES)
5726 CORTEZ ROAD. WEST SUITE 346 BRADENTON FL 34210		5726 CORTEZ ROAD. WEST SUITE 348 BRADENTON FL 34210-2701					
						3. Date Incorporated or Qualified	
2. Principal Place of Business		2a. Mailing Address				4. FEI Number Applied F	
Suite, Apl. #, etc		Suite, Apt. #, etc.	Suite Ant # etc			65-0499666 Not Appli	
22		 	27			5. Certificate of Status Desired See Required	
City & State		City & State				6. Election Campaign Financing \$5.00 May B	
23		28				Trust Fund Contribution	
Zip	Country	Zip	Cou	ntry		8. This corporation has liability for intangible tax under s. 199.03	32,
24	25 9. Name and Address of Cu		30			Florida Statutes Yes No 10. Name and Address of New Registered Agent	
	SCHEIDT, JOHN P	TOTAL TO GRANT CHEST		B1	Name	ID, Traine and receives of their registeres regen	
	ORTEZ ROAD, WEST				Ö	00 D. N	
SUITE				82	Street Add	iress (P.O. Box Number is Not Acceptable)	
	NTON FL 34210			83	***************************************		
				84	City	85 Zip Code	
			i		•	FL III	
SIGNATURE	ration. Typed or printed name of registers					poration submits this statement for the purpose of changing its regist ulion's board of directors. I hereby accept the appointment as registe ired when renetating) DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE C		☐ DELETE	1.1 717	LE		☐ Change ☐ Ai	ddilion
	MICHTSCHEIDT, JOHN P	T 01877 040	1.2 NA	ME			
	726 CORTEZ ROAD, WES	I, SUITE 346	•		ADORESS		
TITLE	RADENTON FL 34210	DELETE	1.4 CI		T-ZIP	☐ Change ☐ A	ddition
NAME.			2.2 NA				
STREET ADDRESS			2.3 ST	REET	ADDRESS		
D-TY - S1 - 70P			2.4 C	ITY-S	ST-ZIP		
11-46		DELETE	3.1 TIT	LE		Change A	ddition
NAME			3.2 NA				
STREET ADDRESS					ADDRESS		
TOLE		DELETE	3.4, CI 4.1 TII		ir-zip	☐ Change ☐ A	ddition
NAME		L. DELLE	4.1 3 N		1		_==(-01)
STREET ADDRESS					ADDRESS		
CITY-ST-ZIP			4.4 CI				
TITLE		DELETE	5.1 Tri		i i	Change A	ddition
NAME			52 NA	ME			
STREET ADDRESS			5.3 ST	REET	ADDRESS		
CITY - ST - ZIP			5.4 CI		T-21P	Di-	alalis'
Tille	_			6.1 TITLE		Change A	ddition
NAME PROMETA ADDRESS &			6.2 NA		ADDOCCO		
STREET ADORESS					ADDRESS		
City - ST - ZIP 14. I do hereby	certify that the information sur-	plied with this filing does not qualif	6.4 Cl			d in Section 119.07(3)(i), Florida Statutes. I further certify that the	
information i Fam an offic	indicated on this annual report ser or director of the corporation	or supplemental annual report is tr	ue and a ered to e	ICCU	rate and that	at my signature shall have the same legal effect as if made under oat ort as required by Chapler 607, Florida Statutes; and that my name	h; that