

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P94000041725 (0)**

1. Corporation Name

R & R COMMUNICATIONS OF PALM BEACH, INC.



Principal Place of Business

5200 NORTH OCEAN DR.
SUITE 18-C
SINGER ISLAND FL 33404

Mailing Address

5200 NORTH OCEAN DR.
SUITE 18-C
SINGER ISLAND FL 33404

3. Date Incorporated or Qualified
06/03/1994

3a. Date of Last Report
10/23/1995

2. Principal Place of Business

21 **167 OAKWOOD LN**

2a. Mailing Address

26 **167 OAKWOOD LN**

4. FEI Number

65-0568991

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

Suite, Apt. #, etc.

22

City & State

23 **PALM BEACH GARDENS FL**

Zip

24 **33410**

Country

25 **PALM BEACH**

Suite, Apt. #, etc.

27

City & State

28 **PALM BEACH GARDENS**

Zip

29 **33410**

Country

30 **PALM BEACH**

9. Name and Address of Current Registered Agent

**CORPORATION INFORMATION SERVICES INC.
1201 HAYS ST.
TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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 607.0905, Florida Statutes.

SIGNATURE

Robert T Hansen

Signature, typed or printed name of registered agent and their approval

(NOTE: Registered Agent signature is required when requalifying)

5/17/96

Date

12. OFFICERS AND DIRECTORS

TITLE **DP** DELETE
NAME **HANSEN, ROBERT T**
STREET ADDRESS **5200 N. OCEAN DR., STE. 18-C**
CITY - ST - ZIP **SINGER ISLAND FL 33404**

TITLE **DST** DELETE
NAME **KATZ, RICHARD**
STREET ADDRESS **ST. GEORGE PLACE**
CITY - ST - ZIP **PALM BEACH GARDENS FL**

TITLE DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS: **HANSEN, ROBERT T**
1.4 CITY - ST - ZIP: **167 OAKWOOD LN**
PALM BEACH GARDENS FL 33410-1447

2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

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 119.07(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 on an attachment with an address.

SIGNATURE:

Robert T Hansen

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/17/96

Date

407-691-9740

Daytime Phone #

CR2E034 (12/95)