

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

CORPORATION  
ANNUAL REPORT  
1995



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

APPROVED  
AND  
FILED

95 MAY -1 PM 3: 14

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000042817 (4)**

1. Corporation Name  
**RNFA INC.**

Principal Name of Business  
**C/O MELODIE DRAGO  
2215 CYPRESS ISLAND DR #705  
POMPANO BEACH FL 33069**

Mailing Address  
**C/O MELODIE DRAGO  
2215 CYPRESS ISLAND DR #705  
POMPANO BEACH FL 33069**

DO NOT WRITE IN THIS SPACE

3. Date of Incorporation or Qualification <b>06/08/1994</b>	3a. Date of Last Report
4. FET Number <b>65-0485313</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.002 Florida Statutes. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Name of Business <b>21</b>	2a. Mailing Address <b>26</b>
Suite, Apt. #, etc. <b>22</b>	Suite, Apt. #, etc. <b>27</b>
City & State <b>23</b>	City & State <b>28</b>
Zip <b>24</b>	Country <b>30</b>

9. Name and Address of Current Registered Agent

**SCHUPNER, CALVIN J  
6924 NW 6TH CT  
MARGATE FL 33063**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>

11. Pursuant to the provisions of Sections 607.0402 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, thereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b>
NAME	<b>DRAGO, MELODIE</b>
STREET ADDRESS	<b>2215 CYPRESS ISLAND DR #705</b>
CITY & STATE	<b>POMPANO BEACH FL 33069</b>
TITLE	
NAME	
STREET ADDRESS	
CITY & STATE	
TITLE	
NAME	
STREET ADDRESS	
CITY & STATE	
TITLE	
NAME	
STREET ADDRESS	
CITY & STATE	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1 STREET ADDRESS	
1 CITY & STATE	
2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2 STREET ADDRESS	
2 CITY & STATE	
3 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3 STREET ADDRESS	
3 CITY & STATE	
4 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4 STREET ADDRESS	
4 CITY & STATE	
5 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5 STREET ADDRESS	
5 CITY & STATE	
6 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6 STREET ADDRESS	
6 CITY & STATE	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption of disclosure under 11.01(1)(b), Florida Statutes. I further certify that the information disclosed on this annual report or supplemental annual report, true and accurate and that my signature shall have the same legal effect as if made under oath. I will be held liable for all the obligations of the resident or trustee responsible to execute this report as required by Florida Statutes, and that my failure to pay the fee for this filing will constitute an act of non-compliance with an address.

SIGNATURE: *Melodie Drago* **MELODIE A. DRAGO** PAGES 4/27/95 305-918-8382