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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000044800 (8)

RFO VENTURES INC.

Principal Place of Business

7901 N.E. 8TH CT. BOCA RATON FL 33487 Mailing Address

7901 N.E. 8TH CT.

BOCA RATON FL 33487-1701

FILED May 05 1997 8:00am Secretary of State



			3. Date Incorporated or Qualified 06/15/1994	3a. Date of Last Report 06/05/1996	
2. Principal P	lace of Business Address Mailing Address	4	4. FEI Number	Applied For	
21 3407	SWB essey Creek 1 26 3407 IW. B.	essey Creek Tra	a i / 65-0497523	Not Applicable	
Suite, Apt		4	5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State	City & State	4	6. Election Campaign Financing	\$5.00 May Be	
23 Falm	City FL 28 Palm City	FL	Trust Fund Contribution	Added to Fees	
Zip	Country Zip	Country	8. This corporation has liability for in		
24 349	90 25 U SA 29 34990 3	o USA		Yes No	
	9. Name and Address of Current Registered Agent	81 Name	10. Name and Address of New Reg	istered Ağent	
COF	RPORATE CREATIONS ENTERPRISES INC.				
4521 PGA BLVD., SUITE 211 PALM BEACH GARDENS FL 33418			ress (P.O. Box Number is Not Acceptable)		
		83	83		
		\$4 City		85 Zíp Code	
		84 City		FL 85 Zip Code	
11. Pursuant	to the provisions of Sections 607.0502 and 607.1508, Florida Statutes	, the above-named corp	poration submits this statement for the pu	rpose of changing its registered	
office or r agent. La	egistered agent, or both, in the State of Florida. Such change was aut in familiar with, and accept the obligations of, Section 607.0505, Florid	thorized by the corporal da Statutes.	tion's board of directors. I hereby accep-	t the appointment as registered	
SIGNATURE					
10	Signature, typed or printed name of registered agent and title 4 applicable. (NOTE F OFFICERS AND DIRECTORS	Registered Agent signature requi	ADDITIONS/CHANGES TO OFFIC	DATE EPS AND DIRECTORS IN 12	
12.	P DELETE	1.1 TiTLE	ADDITIONS/OFFANGES TO OFFIC	Change Addition	
NAME	OLSON, RICHARD F	1.2 NAME			
	7901 NE 8TH CT	1.3 STREET ADDRESS			
\$1REEL ADORESS	BOCA RATON		•	ŀ	
CITY-ST-ZIP TITLE	VPST DELETE	1.4 C/TY - ST - Z/P 2.1 T/TUE		Change Addition	
i I	OLSON, MILDRED W	2.2 NAME		Change Abonton	
NAME	7901 N.E. 8TH COURT				
STREET ADORESS	BOCA RATON FL 33487	2.3 STREET ADDRESS		• .	
CITY-ST-ZIP	DELETE	2.4 CITY - ST - ZIP		Change Addition	
TITLE	C. Dereit	3.1 TITUE		Change L Addition	
NAME		3.2 NAME		İ	
STREET ADDRESS		3.3 STREET ADDRESS			
C-TY - ST - ZIP	Decem	34. CI*Y-ST-ZIP		Observe Address	
TITLE	DELETE	4.1 TITUE		Change Addition	
NAME		4. 2 NAME			
STREET ADDRESS		4.3 STHEET ADDRESS			
CITY - ST - ZIP		4.4 CITY - ST - ZIP		·····	
TITLÉ	DELETE	5.1 TiTLE		Change Addition	
NAME		5.2 NAME		į	
STREET ADDRESS		5.3 STREET ADDRESS			
CITY-ST-7IP		5.4 CITY-ST-ZIP			
TIFLE	DELETE	6.1 TITLE		Change Addition	
NAME		6.2 NAME			
STREET ADDRESS		6.3 STREET ADDRESS			
CHY-ST-Z-P		64 CITY - ST-ZIP			
uniralizir		04 0111 31 - 21F	d in Contine 440 07(9)(i) Florida Cast des	I december a marie at marks a	

4. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: MULLING WILLIAM W. Olson 4-23-97 (561) 287-85 72