

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Mar 31, 1999 8:00 am  
Secretary of State

03-31-1999 90031 001 \*\*\*150.00

DOCUMENT # P94000054135

1. Corporation Name  
RHA CHARTERED

Principal Place of Business  
3600 PARK CENTRAL BLVD NORTH  
SUITE 3610  
POMPANO BEACH FL 33064  
US

Mailing Address  
3600 PARK CENTRAL BLVD NORTH  
SUITE 3610  
POMPANO BEACH FL 33064  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
07/18/1994

4. FEI Number  
59-3282560

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 owes the current year Intangible  
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24 25 29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DANIELS, RICHARD  
241 SEVILLA AVE.  
PENTHOUSE TWO  
CORAL GABLES FL 33134

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 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PSTD ☐ DELETE  
NAME HAIG, ROBERT  
STREET ADDRESS 1500 UNIVERSITY DRIVE, #212  
CITY-ST-ZIP CORAL SPRINGS FL 33071

TITLE V ☒ DELETE  
NAME EVANS, JOHN C  
STREET ADDRESS 1377 NW 111TH AVENUE  
CITY-ST-ZIP CORAL SPRINGS FL

TITLE V ☒ DELETE  
NAME CRAIN, ROBERT  
STREET ADDRESS 1865 COUNTRY MEADOW COURT  
CITY-ST-ZIP SARASOTA FL

TITLE V ☐ DELETE  
NAME MCVAY, JOSEPH  
STREET ADDRESS 5271 NE 36TH AVENUE  
CITY-ST-ZIP LIGHTHOUSE POINT FL

TITLE S ☐ DELETE  
NAME PETROCELLI, GEORGE  
STREET ADDRESS 2361 NW 30TH STREET  
CITY-ST-ZIP BOCA RATON FL

TITLE T ☐ DELETE  
NAME PETROCELLI, GEORGE  
STREET ADDRESS 2361 NW 30TH STREET  
CITY-ST-ZIP BOCA RATON FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P ☒ Change ☐ Addition  
1.2 NAME HAIG, ROBERT  
1.3 STREET ADDRESS 3600 PARK CENTRAL BLVD N.  
1.4 CITY-ST-ZIP SUITE 3610  
POMPANO BEACH, FL 33064

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 V/S ☒ Change ☐ Addition  
4.2 NAME MCVAY, JOSEPH K.  
4.3 STREET ADDRESS 3225 CRAYTON ROAD  
4.4 CITY-ST-ZIP NAPLES, FL 34102

5.1 TITLE V/T ☒ Change ☐ Addition  
5.2 NAME PETROCELLI, GEORGE M.  
5.3 STREET ADDRESS 2361 N.W. 30TH STREET  
5.4 CITY-ST-ZIP BOCA RATON, FL 33431

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

14. I 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

McVay

3/15/99

954-917-0411

Date

Daytime Phone #

CR2E034 (11/98)