

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P94000069456 (9)

1. Corporation Name

R.P.O. BEACH DEVELOPMENT, INC.



Principal Place of Business

Mailing Address

503 N. ORLANDO AVE.
SUITE 105
COCOA BEACH FL 32931

503 N. ORLANDO AVE.
SUITE 105
COCOA BEACH FL 32931

3. Date Incorporated or Qualified

09/21/1994

3a. Date of Last Report

07/10/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-3268352

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

City & State

City & State

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

Zip

Country

Zip

Country

24

25

29

30

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SHOEMAKER, JOHN B
503 N. ORLANDO AVE.
COCOA BEACH FL 32931

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 type for professional registered agent is not applicable

Registered Agent signature required when registering

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PT ☐ DELETE
NAME KODSI, ALBERT
STREET ADDRESS 503 N ORLANDO AVENUE, #105
CITY-ST-ZIP COCOA BEACH FL

1.1 TITLE P/D /T ☒ Change ☐ Addition
1.2 NAME ALBERT KODSI
1.3 STREET ADDRESS 503 N. ORLANDO AVENUE, #105
1.4 CITY-ST-ZIP COCOA BEACH, FLORIDA

TITLE D ☐ DELETE
NAME KODSI, JOSEPH
STREET ADDRESS 503 N. ORLANDO AVE., STE. 105
CITY-ST-ZIP COCOA BEACH FL 32931

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

TITLE VS ☐ DELETE
NAME SHOEMAKER, JOHN B
STREET ADDRESS 503 N ORLANDO AVENUE, #105
CITY-ST-ZIP COCOA BEACH FL

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

TITLE S ☐ DELETE
NAME PLUM, VICTORIA
STREET ADDRESS 503 N ORLANDO AVENUE, #105
CITY-ST-ZIP COCOA BEACH FL

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
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.

John B. Shoemaker

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/96

DATE

4677843262

DAYTIME PHONE

CR2E034 (12/95)