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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

DOCUMENT # P94000084143 (4)

RPF MANUFACTURING, INC.

FILED Mar 26 1997 8:00am Secretary of State



Principal Place of Business Mailing Address 4506 N.W. 73RD AVENUE P.O. BOX 75-8289 CORAL SPRINGS FL 33065 CORAL SPRINGS FL 33075 US								
						3. Date Incorporated or Qualified 3a. Date of Last Report 11/14/1994 04/02/1996		
2. Principal Pl	ace of Business	2a, Mailing Address				4, FEI Number Applied For		
21		26				65-0539900 Not Applicable		
Suite, Apt	#, etc	Suite, Apt. #, etc.				5. Certificate of Status Desired See Required		
City & State		City & State				6. Election Campaign Financing \$5.00 May Be		
23	e grane and entre	28				Trust Fund Contribution		
Zıp 1	Country	Zφ	Cou	intry		8. This corporation has liability for intangible tax under s. 199.032,		
24	25 Name and Address of Cu	29	30			Florida Statutes Yes I No 10. Name and Address of New Registered Agent		
		Hom negistered Agent		81	Name			
BARD, BRUCE 4506 N.W. 73RD AVENUE				82 Street Address (P.O. Box Number is Not Acceptable)				
COF			83					
				84	City	FL 85 Zip Code		
12.		AND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	☐ DELETE	1.1]))	TLE		PRESIDENT Addition		
NAME [BARD, BRUCE		1.2 NA		- 1	PHYLLIS WOODFILL BARD		
STREET ADDRESS	4605 N.W. 73RD AVE CORAL SPRINGS FL		1		ADDRESS	4605 N.W. 73RD AVE, CORAL SPRINGS		
CHY-\$1-20°	S	DELETE	1.4 CI 2 1 TI		T-ZIP	Change Addition		
NAME	BARD, BRUCE		22 N/		}			
STREET ADDRESS	4605 NW 73RD AVE				ADDRESS	<u>₹</u> ,		
CHY-\$1-70°	CORAL SPRINGS FL		2 4 C	11Y - S	ST-ZIP			
THE		☐ DELETE	3 1 7)	TLE		Change Addition		
NAME			3.2 NA					
STREET ACORESS					ADDRESS			
CHY-S1-ZiP TRUE		DELETE	3.4. C 4.1 Ti		ST - ZIP	Change Addition		
NAM:		Moneyal and a series	4.2 N					
STREET ADDRESS			l l		ADDRESS			
CFY+S1+ZF					T-ZIP			
IIILI		DETETE	5111	TLF		☐ Change ☐ Addition		
NAME			5.2 N/		Ì			
STREET ADDRESS					ADDRESS			
CHY-S1 2F		☐ DELETE	5.4 C)		I-ZIP	Change Addition		
NAME		[] Dittell	6.2 N/			C. Ottorige C. Nobilité		
STREET ADDRESS			1		ADDRESS			
CITY ST-ZIP			6.4 C					
	ly certify that the information sup	plied with this bling does not qua				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 or Lam an officer or director of the conformation or the receiver or trusteed impowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if an anged, or only attachment with an address.