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 # P95000008042 (0)

RGR CONSULTANTS, INC.

Principal Place of Business

2. Principal Place of Business

21

Mailing Address

2a. Mailing Address

26

9761-C BOCA GARDENS CIRCLE NORTH BOCA RATON FL 83496

9761-C BOCA GARDENS CIRCLE NORTH BOCA RATON FL 33496-1780

FILED Mar 13 1997 8:00am Secretary of State



3a, Date of Last Report

Applied For

Not Applicable

05/01/1996

3. Date Incorporated or Qualified

01/31/1995

65-0554454

4, FEI Number

	, Apt. #, etc. Suite, Apt. #		, etc.		5. Certificate of Status Desired		Additional
22	27				_		Required
23	City & State City & State		·		6. Election Campaign Financing Trust Fund Contribution		May Be
Zip	Country	Zip	Country				
24	25	29	30		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes		
	9. Name and Address of Current		,,		10. Name and Address of New F		
VESSECCHIA, SANDRA 9761-C BOCA GARDENS CIR., NORTH BOCA RATON FL 33496				Name	:		
				82 Street Address (P.O. Box Number is Not Acceptable)			
				OZ Street Address (F.O. Box Notifiber is Not Acceptable)			1
				83			
				City		Apr 2.0	Code
				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			ent signature requi	red when reinstaling)	DATÉ	
12	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFF		
TITLE	•		1.1 TITLE]	:	☐ Change	☐ Addition ₹
NAME	VESSECCHIA, SANDRA						
STREET ADDRESS				T ADDRESS	•		[
CITY-ST-ZIP	BOCA RATON FL 33496		1.4 CiTY - 5	ST-ZIP	· · · · · · · · · · · · · · · · · · ·	·····	
TITLE		☐ DELETE	2.1 YOLE	}		☐ Change	Addition C
NAME			2.2 NAME				
STREET ADDRESS			2 3 STREET	T ADDRESS			
CITY-ST-ZIP			2.4 CITY-	ST-ZIP		:	
TITLE		☐ DEL€16	3.1 TITLE			Change	Addition
NAME			3.2 NAME	-			}
STREET ADDRESS			3 3 STREET	ADDRESS			
CITY-ST-ZIP	<u> </u>		3.4. CITY-	ST-ZIP			
TITLE	·	L_] DELETE	4.1 TITLE			Change	Addition
NAME			4. 2 NAME				
STREET ADDRESS			4.3 STREET	ADDRESS			
CITY-ST-ZIP		T prosts	4.4 CITY-S	ST-ZIP			
TITLE		L_ DELETE	5.1 TITLE	}		☐ Change	Addition
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREET	ADDRESS			ļ
CITY-ST-ZIP	<u></u>		5.4 CITY - 9	ST-ZIP			
TITLE		☐ DELETE	6.1 TITLE]		Change	L.J Addition
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREET	ADDRESS)
CITY-ST-ZIP	<u> </u>		G.4 CITY - S				
14. 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 ennual 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							