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PROFIT CORPORATION ANNUAL REPORT

1999



DOCUMENT # P95000013251

DIVISION OF CORPORATIONS

Mar 23, 1999 8:00 am Secretary of State FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

03-23-1999 90042 040 ***150.00

1. Corporation	RP., INC.						. 4411. 48(5) 1		883 8 3181 (881
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Dringing! Bloce	o of Buriness	Mailing Address			- :	1 1901/1901 110 16/01 03/17 09/11 00/1	 		ORI BIIDI IIDI FRDI
Principal Place of Business Mailing Address 43 \$ PALM AVE 1355 HARBOR DR.							•		
SARASOTA FL 34236 SARASOTA FL 34239									
US						DO NOT WRITE	E IN THIS	SPACE	
						3. Date Incorporated or Qualifed 02/15/1995			
Principal Place of Business 2a. Mailing Address						4. FEI Number			Applied For
21		26				65-0556121			Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certifcate of Status Desired		• -	Additional Required
City & State	9	City & State		-	.,	-6. Election Campaign Financing Trust Fund Contribution		•	May Be do Fees
Zip	Country	Zip	Co	untry		8. This corporation owes the curre			
24	25	29	30			Personal Property Tax.		Yes	□No
	9. Name and Address of Curren	nt Registered Agent		15-1		10. Name and Address of New Re	egistered A	gent	
AME	DMAN CADI E			81	Name				<u></u>
AMERMAN, CARL E 1124 S. CYPRESS POINT DR.				82	Street Addres	ss (P.O. Box Number is Not Acceptab	ole)		
	ICE FL 34293			83					***
				84	City	·	FL	85 Zi	ip Code
44 Dunnings	to the provisions of Sections 607.050)2 and 607,1508, Florida Statu	ies, the a	anove-	named comol	ration submits this statement for the p	the appoin	tment as	registered
office or re agent. I as	to the provisions of Sections 607.050 registered agent, or both, in the State im familiar with, and accept the obligation	of Florida. Such change was a ations of, Section 607.0505, Flo	uthorize orida Sta	ed by thatutes.	ne corporation	n's board of directors. I hereby accept			
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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, open an attachment with an address, with all other like empowered.

SIGNATURE:

MINATRY W. MONIHON