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PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000022699 (9)

1. Corporation Name

R & R MANAGEMENT GROUP, INC.



Principal Place of Business

3215 CORAL SPRINGS DR
CORAL SPRINGS FL 33065

Mailing Address

3215 CORAL SPRINGS DR
CORAL SPRINGS FL 33065

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 PO Box 771492
Suite, Apt. #, etc.

27 City & State

28 Coral Springs, FL
Zip 33017-1492

29 Country

30 Broward

9. Name and Address of Current Registered Agent

LA MONICA, MARK
3215 CORAL SPRINGS DR
CORAL SPRINGS FL 33065

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 607.1502, 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 of person providing information for this filing

DATE: (Month/Day/Year)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP
DP	LA MONICA, MARK	3215 CORAL SPRINGS DR	CORAL SPRINGS FL 33065	DS	SELLENBERG, RICHARD	3215 CORAL SPRINGS DR	CORAL SPRINGS FL 33065
DT	BIFANO, ROBERT	3215 CORAL SPRINGS DR	CORAL SPRINGS FL 33065				

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	2. NAME	3. STREET ADDRESS	4. CITY-STATE-ZIP	5. TITLE	6. NAME	7. STREET ADDRESS	8. CITY-STATE-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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/29/96 (305)340-0112

CR2E034 (12/95)