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 # P95000030902 (7)

R G O, INC.

Principal Place of Business

Mailing Address

FILED Feb 17 1997 8:00am Secretary of State



Timolphi Fidee of Eddiness								
7492 MALIBU (BOCA RATON		7492 MALIBU CRESCENT BOCA RATON FL 33433-413	35					
					 Date Incorporated or Qualified 04/20/1995 	1	Date of Last Report)4/09/1996	
2, Principal Place of Business 2a. Mailing Address					4. FEI Number	<u></u>	·	ptied For
21 7492	MALIBU CRESCENT	26 7492 MALIB	BU CE	ESCEN	65-0578995		No	t Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.					5. Certificate of Status Desired		\$8.75	Additional
22					5. Certificate of Status Desired		Fee Re	quired
City & State City & State					6. Election Campaign Financing	_	\$5.00	May Be
23 BOCARATON FL 28 BOCARATON			FL		Trust Fund Contribution		Added 1	o Fees
Zip 24 334	Country 33 25 U ≤ A	Zip 29 33433	Count 30	ry S <i>A</i>	This corporation has liability for Florida Statutes	intangible tax		199.032,
<u> </u>	9. Name and Address of Current				10. Name and Address of New Re	gistered Age	ent	
OLS	HIN, ROBERT G		8	1 Name				
7492 MALIBU CRESCENT				2 Street A	ddress (P.O. Box Number is Not Acceptate	ole)		
BOCA RATON FL 33433								
			8	3				
			8	4 City		FL ⁵	85 Zip (Code
agent. La	m familiar you, and accept the obline		. •		corporation submits this statement for the poration's board of directors. I hereby accessoration when reinstating)	CATE		
12.	OFFICERS AND	DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICE	CERS AND DI	RECTOR	S IN 12
TITLE	D	DELETE	1.1 TITLE	ľ			Change	Addition
NAME	OLSHIN, ROBERT G		1.2 NAM	:				
STREET ADDRESS	7492 MALIBU CRESCENT		1.3 STRE	ET ADDRESS				
CITY - ST - ZIP	BOCA RATON FL 33433		1.4 CITY	-ST-ZIP				
TITLE		☐ DELETE	2.1 TITLE			L	Change	Addition
NAME			2.2 NAM					
STREET ADDRESS			2.3 STRE	ET ADDRESS		•		
CITY-ST-ZIP			2. 4 CITY					
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NAME			3.2 NAMI	- 1				
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			6.2 NAM			<u></u>	,	
NAME expect appoint								
STREET ADDRESS				ET ADDRESS				
CITY-ST-ZIP		Contain at the Color of the Col	6.4 CITY		ated in Section 110 07/3\/ii\ Florida Statute	a I fronthag or	artification)	tha

4. 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 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 chapted or on an attachment with an address.