## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**PROFIT** CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #	P95000030924	(1)
4 Comparation Magaz		` '

RBE CONSULTANTS, INC.

Principal Place of Business	Mailing Address
22126 ENSENADA WAY	22126 ENSENADA WAY
BOCA RATON FL 33433	BOCA RATON FL 33433



DOOR DAIL	ON FL 33433	BOOK MATOR PL 309	133			
				04/20/1995	ate of Last Report	
:	lace of Business	2a. Mailing Address		4. FEI Number	Applied For	
21		26	***************************************	65-0583136	Not Applicable	
Suite, Apt.	.#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & Stat	le	City & State	The second secon	6. Election Campaign Financing	\$5.00 May Be	
23		28		Trust Fund Contribution	Added to Fees	
Zip	Country	Zip	Country	8. This corporation has liability for intangible		
24	25	29	30	Florida Statutes Yes No		
	g, Name and Address of Currer	nt Hegistered Agent	81 Name	10. Name and Address of New Register	ed Agent	
			" ' '	Kobert Evans		
	DRATION INFORMATION SERVICE	ES,INC.	B2 Street Ad	82 Street Address (P.O. Box Number is Not Acceptable)		
	IAYS STREET		22	1136 Ensender wu	7	
, TALLAI	HASSEE FL 32301		83		•	
	1		B4 City	2 - 0-4 \ -	85 Zio Code	
				poch Kajon F	L   33433	
11. Pursuant	to the provisions of Sections 607.0502	2 and 607.1508, Florida Statu	tes, the above named corp	oration submits this statement for the purpose of	changing its registered office	
familiar w	with and acomplete obligations of Sect	tion 607.0505, Florida Statute	<b>8</b> ,	and of directors. I hereby accept the appointment	- as regenered agont. I turn	
SIGNATURE	Signature (f.e.f. or printed name of registered agent	Robert E	OTE: Projislered Agent signature requi	415		
12.	OFFICERS AN	D DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS A		
THTLE	D	☐ DELETE			Change	
NAME	EVANS, ROBERT			12 NAME ROBENT BUBYS		
STREET ADDRESS			1.3 STREET ADDRESS	1.3 STREEL ADDRESS 22126 BUSENADA WAY 1.4 CITY-SI-ZIP BOCA RATON F1. 33438		
CITY - ST - ZIP	BOCA RATON FL 33432		1.4 CITY - S1 - ZIP	BOCA RATON F1. 334	(33	
THILE		□ DEFEIF	2. 1 TITLE		Change  Addition	
NAME	<u> </u>		2.2 NAME			
\$TREET ADDRESS			2 3 STREET ADDRESS			
CHY-ST-ZIP	1		2.4 CiTY - ST,- ZIP			
TrilE		[] DELETE	3.171TLE, 7		Change Chaddition	
NAME	Ì		3 2 NAM1			
STREET ADORESS			3.3. STREET ADDRESS			
CITY-ST-ZIP			3.4 CITY - ST - 7IP			
1.⊓L€		DELETE	4 1 TITLE	8000018359	ge Addition	
NAME	1		4 2 NAME	8000018355 -05/22/9601117	-001	
STREET ADDRESS			4.3 STREET ADDRESS	***200.00	•	
CHTY-ST-ZIP	1		4 4 CITY- ST-ZIP			
TITLE		DELETE	5 1 TITLE		Change Addition	
NAME			5.2 NAME		1	
STREET ADDRESS			5.3 STREET ADDRESS		<1.196 MM.	
CITY-ST-7/P			5.4 CHY- \$1-2IP		711 10 UW	
TITLE		DELETE	6. 1 TITLE		Change Addition	
NAME			62 NAME		<del></del>	
STREET ADDRESS			6.3 STREET ADDRESS			
CHTY-ST-ZP			6.4 CITY-ST-2IF			
U117-51-21"	, , , , , , , , , , , , , , , , , , , ,		0.4 CH11-51-ZIF	Mari 1774 Mari Mari Alah Bar (1884 - 1884 - 1884 Ari (1884 - 1884	·······	

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 eath; that I am an officer or director of procession 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 in the factor of 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 in the factor of the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name

SIGNATURE: