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

RROFIT CORPORATION ANNUAL REPORT



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

1996

**DOCUMENT #** 

P95000054956 (4)

R.B. /G.D.Y. ACQUISITION, P.A.

•									
Principal Place of Business Mailing Address						i fabitabe tin toral astri abiri abiri abiri abir	DI Breek Alalia tali	DI GILLE DILI TORI	
200 EAST BROWARD BLVD. 15TH FLOOR FT.LAUDERDALE FL 33301			200 EAST BROWARD BLVD. 15TH FLOOR FT.LAUDERDALE FL 33301					Data of Last E	Danad
							3. Date incorporated or Qualified 3a. Date of Last Report 07/17/1995		
2. Principal Place of Business 2a. Mailing Address				<del> </del>			4, FEI Number		Applied For
21		26					65-0598777		Not Applicable
Suite, Apt. #.	, etc.	27	Suite, Apt. #, etc.				5. Certificate of Status Desired		5 Additional Required
City & State			Orty & State				6. Election Campaign Financing Trust Fund Contribution		00 May Be
<b>23</b>   Zp	Country		Γiρ	Cou	intry		8. This corporation has liability for intangib		
24	25	29		30	,		Florida Statutes  Yes No		
T11	g. Name and Address of Cu		red Agent				10. Name and Address of New Register	red Agent	
					81	Name			
KRUL, MICHAEL H					82	Street Address (P.O. Box Number is Not Acceptable)			
200 EAS1 P.O. BOX	r Broward Blvd. ( 1900				83				
	ERDALE FL 33301				84	City		85 Z	up Code
					1	ĺ	ation submits this statement for the purpose o	⊢ <b>L</b>	
familiär with SIGNATURE	n, and accept the obligations of, sometimes specifical	Section 607.03	505, Florida Statute	OS.		nt signaturs required		T£	
12.	OFFICERS	AND DIRECT		13.			ADDITIONS/CHANGES TO OFFICERS		
1,10	D/P		DELETE	1.1				Change	☐ Madrion
NAME	Schuster, Carl				IAME	ADDRECO			
\$18-ET ADDRESS	200 E. Broward	Blvd.				ADDRESS			
City ST-ZiP THE	Ft. Lauderdale	, PL 3	DELETE		TITLE	ST-ZIP		Change	Addition
NAM!	D/V/S/T				AME	1	300001724	623	
STHELL ACCORESS	Krul, Michael					I ADDRESS	300001724 -02/27/9601016-	010	
GID - ST- ZIP	200 B. Broward Drug.				2 4 CITY-ST-ZIP		***200.00		
THEF	ttLauderdate	· , C-L	☐ DELETE	3 1	THLE			Change	Addition
NAME				321	IAME				
STREET ADORESS				33	STREE	T ADDRESS			
001x - 51 - ZiP						ST-ZIP		Choose	- Addition
Ť II F			DEFELE		THLE			Change	Addition
NAME				1	NAME				•
STHEE ACORESS						T ADDRESS			
CHY-ST ZIF			DELETE			S1-7IP		Change	Addition
)II''E			Doctor		TITLE NAME			د د د د	
NAME A TOTAL PROJECTOR						1 ADDRESS		_	
STREET ADDRESS						ST-ZIP		ς	ا . رول .
CHY-ST ZiP			DELETE	~~	TITLE			Cheng	THE OWNER
NAME					NAME			Ch.	' لما
STEEL ADDRESS						T ADDRESS		1/	' > _
CHY-SI-ZIP				6.4	CITY-	ST-7IP			7.
★ * 110 **** **** * *****	tan ing pangangan managar sa sa sa	T - T - TT - 15 - 1					tor the expension stated in Castion 110 07(3)(	A Florido Sta	Mad Liferihar

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 Stantes: 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 the corporation or the receiver or trustee empowered to execute this report as required by Chapter 60. 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

Michael H. Krul (954) 764-6660

CR2E034 (12/95)