FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000057323 1. Corporation Name

Mar 24, 1999 8:00 am Secretary of State

03-24-1999 90037 022 ***150.00

R&SS	TEEL CORP.							
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}								
Principal Place of Business Mailing Address					i institute life (bife mittle dalle aut	11 68 111 88181 8		
2151 W HILLSBORO BLVD. 2151 W. HILLSBORO BLVD.								
SUITE 209	UITE 209 SUTIE 209				DO NOT WRIT	E IN TUIC (CDACE	
	FIELD BEACH FL 33442 DEERFIELD BEACH FL 33442 US				3. Date Incorporated or Qualifed	E IN THIS S	3FACE	
US US					07/24/1995			
2 Principal D	lace of Business	2a. Mailing Address			4. FEI Number		Anr	olied For
21	lace of business	26			11-2536489		<u> </u>	Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.				\$8.75 A		
22	,	27		5. Certifcate of Status Desired		Fee Rec		
City & State		City & State		6. Election Campaign Financing		\$5.00	May Be	
23	28		_		Trust Fund Contribution		Added to	
Zip	Country	Zip	Country		8. This corporation owes the curre	nt year Intâ	ngilale	
24	25	29 30			Personal Property Tax.		Yes	□No
	Name and Address of Current Registered Agent				10. Name and Address of New R	egistered A	<u>lgent</u>	
507	HATTIN EPEDEDIAL		81	Name				
ROTHSTEIN, FREDERICK			82	Street Ad	ddress (P.O. Box Number is Not Accepta	ble)		
	2151 W HILLSBORO BLVD							
, +	SUITE 209							}
;UEE	RFIELD BEACH FL 33442		84	City			85 Zip C	ode
						<u> FL</u>		ſ
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statutes,	the above	e-named co	orporation submits this statement for the ation's board of directors. I hereby accep	ourpose of c t the appoin	hanging its i itment as rec	registered iistered
agent. I a	m familiar with, and accept the obligation	ons of, Section 607.0505, Florida	Statutes					,
SIGNATURE								
	Signature, typed or printed name of registered agent a		distered Agen	t signature req	uired when reinstating) ADDITIONS/CHANGES TO OFF	DATE	O DIRECTO	DS IN 12
12.			1.1 TITLE		ADDITIONS/CHANGES TO OFF	ICERS AND	Change	Addition
TITLE \	7.0		1.2 NAME]				
NAME	A COLUMN AND AND ALLER ALERT AND			ADDRESS				1
STREET ADDRESS)
CITY-ST-ZIP.			1.4 CITY-ST 2.1 TITLE	1-ZIP			Change	Addition
\ \			22 NAME	1				
NAME	HOTHOLEN, OLITHET		2.3 STREET	ADDOESE				
STREET ADDRESS				l				ļ
CITY-ST-ZIP,			2.4 CITY-S 3.1 TITLE	1-ZIP 1	2 (1)		Change	Addition
NAME			3.2 NAME		·			
STREET ADDRESS			3.3 STREET	ADDRESS				
CITY-ST-ZIP								1
TITLE			3.4. CITY-S 4.1 TITLE	1-235			Change	Addition
NAME ;	_		4. 2 NAME		•		•	_
STREET ADDRESS			4.3 STREET ADDRESS					1
CITY-ST-ZIP:			4.4 CITY-S1					
TITLE			5.1 TITLE	-			Change	☐ Addition
NAME		, –	5.2 NAME	ĺ			-	ļ
STREET ADDRESS	5.33		5.3 STREET	ADDRESS				
CITY-ST-ZIP	5.4(5.4 CITY-ST	r-ZIP				
TITLE			6.1 TITLE	-			Change	☐ Addition
NAME	. 62		6.2 NAME	1				Ì
STREET ADDRESS			6.3 STREET	ADDRESS				
CITY-ST-ZIP!				r-ZIP				
								-

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 or on an attachment with an address, with all other like empowered.

SIGNATURE:

DEREQUIRED AME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #