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

PROFIT CORPÖRATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000065286 (3)

R & R PARTNERS, INC.

officer or director of the corporation Block 12 or Block 13 if changed or

SIGNATURE:

## **FILED** Jan 16 1998 8:00am Secretary of State



305-654-9444

Principal Place of Business Mailing Address 7640 NW 6TH ST 18557 CHERBORG DR. PLANTATION FL 33324 **BOCA RATON FL 33496** DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 08/21/1995 Mailing Address 2. Principal Place of Business 4. FEI Number Applied For 630-698 20 B 65-0607469 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required City & State City & State **\$5.00** May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes 10. Name and Address of New Registered Agent ROBERTS, ROBERT 81 Name 7640 NW 6TH ST 82 PLANTATION FL 33324 83 Zip Code 33/7 lami 11. Pursuant to the provisions 08, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered son change was authorized by the corporation's board of directors. I hereby accept the appointment as registered from \$27,0505, Florida Statutes. office or registered agent, or both, in the agent. I am familiar with, and acceptable of (NOTE, Registered Agent signature regulred when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. TITLE DELETE 1.1 TITLE ☐ Change HENDEL, TED NAME 12 NAME 19958 NE 5TH CT STREET ADDRESS 1.3 STREET ADDRESS MIAMI FL CITY - ST - ZIP 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE ROBERTS, ROBERT 2.2 NAME NAME 7640 NW 6TH ST STREET ADDRESS 2.3 STREET ADDRESS PLANTATION FL CITY-ST-ZIP 2.4 CITY-ST-7IP DELETE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY - ST - ZIP 3.4, CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE 4. 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE 6.1 TITLE \_\_ Change Addition TITLE 62 NAME STREET ADDRESS 6.3 STREET ADDRESS 6.4 CITY-ST-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 suppliemental 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 frugtee empoweres to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in