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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Socretary of State

1996	DIVIS	SION OF CORPORATION	ONS			
DOCUMENT # P9500	0066551	(9)				
R & N ENTERPRISES, INC.						
Principal Place of Business	Mailing Address			- L HOURINGEN FRO COURT DRAIN OUTLANDER FOR	HEIN BRAK HANA DAYA	
4400 S.W. 74TH WAY DAVIE FL 33314	4400 S.W. 74T DAVIE FL 3331					
				3. Date Incorporated or Qualified 08/28/1995	3a. Date of La	st Report (バミ 山)
2. Principal Place of Business 21 4000 5.W 47 AVE	2a. Mailing Addr 26 4455 5.	.W. 74 WAY		4. FEI Number 65 - 060 5472	1	Applied For Not Applicable
Suite, Apt. #, etc.	Suite Apt. #	, etc		5. Certificate of Status Desired	, ,	.75 Additional
City & State 23 DAVIE FL	City & State			Election Campaign Financing Trust Fund Contribution	\$!	5.00 May Be
Zip 233314 Country 25 BROWARD	Zio 33314	Country	s.A.	8. This comporation has liability for in Florida Statutes	ntangible tax und	
9. Name and Address of Curren	t Registered Agent			10. Name and Address of New R	egistered Agent	
D'ANDREA, CHARLES N JR 4400 S.W. 74TH WAY DAVIE FL 33314		82 83 84	Street Address	ss (P.O. Box Number is Not Acceptab	FI 85	Zip Code
11. Pursuant to the provisions of Sections 607.0502 or registered agent, or both, in the State of Flori familiar with, and accept the obligations of, Section 1.	na. Such chande was:	authorized by the corp	I named corporat oration's board	tion submits this statement for the pur of directors. Thereby accept the appo	pose of changing	its registered office ered agent. I am
SIGNATURE Signature types or profed name of registered agent.	and the diamento	dLife Registered Ages	t Satuature regionalis	where the istallin of	DA!t	
12. OFFICERS AND	D DIRECTORS	13.		ADDITIONS/CHANGES TO OFFI	CERS AND DIRE	CTORS IN 12
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DEL	ETE 1.1 THE 12 NAME 13 STREET 14 CHY-S	ADDRESS	ESIDENT CHARLES N. D'ANDRE 19400 S.W. 74 WAY DAVIE FL 33314	A, JL. Chai	nge Addition
TITLE .	DELETE 2 1 TITLE		VI	CZ PRESIDENT	Chai	nge Addition
NAME		2.2 NAME	C	HARLES DAVID PETERS	4.52/	
STREET ADDRESS		2.3 STREET	ADDRESS 17	79 N. CONGRESS AVE	# 376	
CITY-ST-ZIP	2 4 CITY - ST - ZIP		ST ZIP 334	OYNTON BEACH FL 3	3426	
TITLE	☐ DEL	ETE 3 1 TITLE	81	ECY/TREASURER HARLES N. D'ANOREI	Chai	age Addition
NAME		3.2 NAME	ر.	HARLES N. U'HWOKE	יון אני	
STREET ADDRESS			TADORESS 44	VIE, FL 33314		
C:TY-ST-Z:P	F-1	3 4 OITY - S	ST-ZIF DA	VIE, FL 33317		
TITLE	DEL				Chai	nge 🔲 Addition
NAME		4.2 NAME.				
STREET ADDRESS		4.3 STREET	ADDRESS			

14. I do hereby certify that the information supplied with this filling 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 oath, that I am an officer or director of the corporation or the receiver or trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if charged, or on an attachment with an address.

5.2 NAME

6 1 TIFLE

6.2 NAME

5.3 STREET ADDRESS

6.3 STREET ADDRESS 6.4 CITY - ST - ZIP

54 CHY-ST ZIF

SIGNATURE:

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

DELETE

DELETE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Change

☐ Addition

Change Addition

CR2E034 (12/95)