

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 # P95000067410 (7)

1. Corporation Name

RND AT ST. AUGUSTINE, INC.



Principal Place of Business

1101 NORTHLAKE DESTINY DRIVE  
SUITE 400  
MAITLAND FL 32751

Mailing Address

1101 NORTHLAKE DESTINY DRIVE  
SUITE 400  
MAITLAND FL 32751

3. Date Incorporated or Qualified

08/31/1995

3a. Date of Last Report

2. Principal Place of Business

21 101 WYMORE ROAD

2a. Mailing Address

26 101 WYMORE ROAD

4. FEI Number

☒ Applied For

☐ Not Applicable

Suite, Apt. #, etc.

22 SUITE 500

Suite, Apt. #, etc.

27 SUITE 500

5. Certificate of Status Desired

☒

\$8.75 Additional  
Fee Required

City & State

23 ALTAMONTE SPRINGS FL

City & State

28 ALTAMONTE SPRINGS FL

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

Zip

24 32714

Country

25 USA

Zip

29 32714

Country

30 USA

8. This corporation has liability for intangible tax under s 199.032,  
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MURAI, WALD BIONDO & MORENO, P.A.  
1101 NORTHLAKE DESTINY DRIVE  
SUITE 400  
MAITLAND FL 32751

81 Name

SAM MAJZOU B

82 Street Address (P.O. Box Number is Not Acceptable)

101 WYMORE ROAD, SUITE 500

83

84

ALTAMONTE SPRINGS FL

85 Zip Code

32714

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent, or both, if applicable

Sam Majzoub, President

March 5, 1996

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	MAJZOU B, SAM	
STREET ADDRESS	1101 N. LAKE DESTINY DRIVE #400	
CITY-ST-ZIP	MAITLAND FL 32751	
TITLE	D	<input type="checkbox"/> DELETE
NAME	DELGUIDICE, FRED	
STREET ADDRESS	1101 N. LAKE DESTINY DRIVE #400	
CITY-ST-ZIP	MAITLAND FL 32751	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13.

1.1 TITLE	D, P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS	101 WYMORE ROAD, SUITE 500	
1.4 CITY-ST-ZIP	ALTAMONTE SPRINGS, FL 32714	
2.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS	101 WYMORE ROAD, SUITE 500	
2.4 CITY-ST-ZIP	ALTAMONTE SPRINGS, FL 32714	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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 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.

SIGNATURE:

Fred Del Guidice

March 5, 1996

(407) 774-0707

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

DAYTIME PHONE #

CR2E034 (12/95)