SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT CORPORATION **ANNUAL REPORT**

1996



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporation Name

P95000070335 (1)

R & B CORP.									
Principal Place of Business Mailing Address									
1549 WARRIN WINTER SPRI	IGTON ROAD NGS FL 32708	1549 WARRINGTON WINTER SPRINGS F							
						3. Date Incorporated or Qualified 09/12/1995	3a. D	ate of Last Report	
2. Principal Pia 1	ace of Business	2a, Mailing Address				4. FEI Number 59-3335481		Applied For Not Applicable	
26 Suite, Apt #, etc Suite, Apt #, etc								\$8.75 Additional	
27						5. Certificate of Status Desired		Fee Required	
City & State	!	City & State				6. Election Campaign Financing		\$5.00 May Be Added to Fees	
Zip	Country	28 Zip	Cou	intry		Trust Fund Contribution 8. This corporation has liability for	ıntangible		
4	25	29	30	,		Florida Statutes	Yes [
<u>-1</u>	9. Name and Address of Cur					10. Name and Address of New Re	gistered	Agent	
THE LAW FIRM OF LAWRENCE J SPIEGEL CHRTD					Name			•	
343 ALMERIA AVENUE				82	Street Add	t Address (P.O. Box Number is Not Acceptable)			
CC	ORAL GABLES FL 33134			83					
				84	City		E1	85 Zip Code	
						rporation submits this statement for the purpose of changing its registered			
SIGNATURE	Signature, typed or printed name of registered OFFICERS	diagres and the ill applicable AND DIRECTORS	(NOTE Registers		ent signature redje	red when relocating? ADDITIONS/CHANGES TO OFFI	DATE CERS AN	D DIRECTORS IN 12	
TITLE	PSTD	DESCRIE	117	1 1 TiTLE				Change Addition	
NAME	klein, andrew		12 N	AMā					
STREET ADDRESS	1549 WARRINGTON ROA				T ADDRESS				
CITY-ST-ZIP TITLE	WINTER SPRINGS FL 32	708 DELETE			ST-ZIP			Charige Addition	
NAME		J	22N						
STREET ADDRESS					T ADDRESS				
CITY-ST-ZIP		·	2 4 (CITY -	ST-ZIP				
TITLE		DELETE	311	ITLE	[Change Addit or	
NAME			32 N						
STREET ADDRESS			1		I ADDRESS				
CITY-ST-ZIP TITLE		DELETE			ST ZIP			Change Addition	
NAME		SECEN	4 2 1						
STREET ADDRESS					1 ADDRESS				
CITY-ST-ZIF				CITY -	ST - ZIP				
TITLE		DELETE	511	TITLE				Change Addition	
NAME			1	NAME					
STREET ADDRESS					T ADDRESS				
CITY - ST - ZIP		DELETE			ST - ZIP			Change Additio	
TITLE			1	T:TLE NAME					
NAME DESCRIPTIONS				NAME etdek	TADDRESS				
STREET ADDRESS			635	SIMER	TADDRESS				

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 a 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 617, 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

7/11/96 407-249-8813