

**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 # P95000070335 (1)
1. Corporation Name

R & B CORP.



Principal Place of Business: 1549 WARRINGTON ROAD WINTER SPRINGS FL 32708
Mailing Address: 1549 WARRINGTON ROAD WINTER SPRINGS FL 32708

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21 Suite, Apt #, etc		26 Suite, Apt #, etc		09/12/1995	
22 City & State		27 City & State		4. FEI Number	Applied For
23 Zip		29 Zip		59-3335481	Not Applicable
24 Country		30 Country		5. Certificate of Status Desired	\$8.75 Additional Fee Required
				6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
THE LAW FIRM OF LAWRENCE J SPIEGEL CHRTD 343 ALMERIA AVENUE CORAL GABLES FL 33134				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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. Thereby 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 and firm if applicable) (NOTE: Registered Agent's signature required when resigning) DATE: _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PSTD	<input type="checkbox"/> DELETE		11 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	KLEIN, ANDREW			12 NAME			
STREET ADDRESS	1549 WARRINGTON ROAD			13 STREET ADDRESS			
CITY - ST - ZIP	WINTER SPRINGS FL 32708			14 CITY - ST - ZIP			
TITLE		<input type="checkbox"/> DELETE		21 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				22 NAME			
STREET ADDRESS				23 STREET ADDRESS			
CITY - ST - ZIP				24 CITY - ST - ZIP			
TITLE		<input type="checkbox"/> DELETE		31 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				32 NAME			
STREET ADDRESS				33 STREET ADDRESS			
CITY - ST - ZIP				34 CITY - ST - ZIP			
TITLE		<input type="checkbox"/> DELETE		41 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				42 NAME			
STREET ADDRESS				43 STREET ADDRESS			
CITY - ST - ZIP				44 CITY - ST - ZIP			
TITLE		<input type="checkbox"/> DELETE		51 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				52 NAME			
STREET ADDRESS				53 STREET ADDRESS			
CITY - ST - ZIP				54 CITY - ST - ZIP			
TITLE		<input type="checkbox"/> DELETE		61 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				62 NAME			
STREET ADDRESS				63 STREET ADDRESS			
CITY - ST - ZIP				64 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Andrew Klein 7/11/96 407-249-8813
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (3/96)