

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 # P95000089123 (0)

1. Corporation Name

R & R HOMEPARTNERS, INC.



Principal Place of Business

Mailing Address

4545 FOREST HILL BLVD., UNIT 11
WEST PALM BEACH FL 33415

4545 FOREST HILL BLVD., UNIT 11
WEST PALM BEACH FL 33415

3. Date Incorporated or Qualified

3a. Date of Last Report

11/20/1995

2. Principal Place of Business

2a. Mailing Address

21 8125 MARSHWOOD LN

26 8125 MARSHWOOD LN

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

23 LAKE WORTH FL

28 LAKE WORTH

24 33467

25 PALM BEACH

29 33467

30 PALM BEACH

4. FEI Number

65-0623361

Applied For

Not Applicable

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 ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

ROUSE, MICHAEL
4545 FOREST HILL BLVD., UNIT 11
WEST PALM BEACH FL 33415

10. Name and Address of New Registered Agent

81 Name

JOAN L. ROBBINS

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

8125 MARSHWOOD LANE

83

84 City

LAKE WORTH

FL

85 Zip Code

33467

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 Sections 607.0505 and 607.1505, Florida Statutes.

SIGNATURE

[Signature]

7/27/96

12. OFFICERS AND DIRECTORS

TITLE	D	☐ DELETE
NAME	ROUSE, MICHAEL, V.P.	
STREET ADDRESS	4545 FOREST HILL BLVD., UNIT 11	
CITY-ST-ZIP	WEST PALM BEACH FL 33415	
TITLE	D	☐ DELETE
NAME	ROBBINS, JOAN L, PRES	
STREET ADDRESS	C/O 4545 FOREST HILL BLVD., UNIT 11	
CITY-ST-ZIP	WEST PALM BEACH FL 33415	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	☒ Change ☐ Addition
12 NAME	
13 STREET ADDRESS	8125 MARSHWOOD LANE
14 CITY-ST-ZIP	LAKE WORTH FL 33467
21 TITLE	☒ Change ☐ Addition
22 NAME	
23 STREET ADDRESS	8125 MARSHWOOD LANE
24 CITY-ST-ZIP	LAKE WORTH FL 33467
31 TITLE	☐ Change ☐ Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	☐ Change ☐ Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	☐ Change ☐ Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	☐ Change ☐ Addition
62 NAME	
63 STREET ADDRESS	
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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/27/96 561647787

CR2E034 (3/96)