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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000091804 (1)

R.G.F. JR. HOLDINGS, INC.

FILED May 20 1998 8:00am Secretary of State



Principal Place of Business Mailing Address 1905 LINCOLN CT. 1905 LINÇOLN CT. HOLLYWOOD FL 33020 HOLLYWOOD FL 33020 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 12/04/1995 2a. Mailing Address 4. FEI Number 2. Principal Place of Business Applied For 65-0625518 21 Not Applicable Suite, Apt. #, etc. Suite, Apl. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Zip Zψ Country Country 8. This corporation owes or has paid the current year Intangible Yes □ No 25 30 Personal Property Tax due June 30. 24 29 9, Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent FILENI, ROBERT G 81 1905 LINCOLN STREET 82 Street Address (P.O. Box Number is Not Acceptable) HOLLYWOOD FL 33020 83 84 City Zip Code 85 11. Pursuant to the provisions of Sections 6/7.05/02 and 6/07.15/08, 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 607.05/05, Florida Statutes. SIGNATURE Signature, typing or photodinance of majors and any or and alternapple at a (NOTE Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE Change ___ Addition TITLE 1.1 TOLE FILENI, ROBERT G NAME 1.2 NAME CR2E034 **1905 LINCOLN STREET** 1.3 STREET ADDRESS STREET ADDRESS HOLLYWOOD FL 33020 1.4 CITY - ST - ZIP CITY-ST-ZIP DELETE Change Addition TITLE 21 TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS 2. 4 CITY - ST - ZIP CITY-ST-ZIP DELETE Change Addition 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET AUDRESS STREET ADDRESS 3.4. CITY - ST - ZIP CITY-ST-ZIP DELETE Addition TITLE 4.1 HILE NAME 4. 2 NAME STREET ADDRESS 4.3 STREE1 ADDRESS CITY-ST-ZIP 4.4 CITY - \$1 - 2IP DELETÉ Change __ Addition TITLE 5.1 TITLE 5.2 NAME NAME STREET ADDRESS **5.3 STREET ADDRESS** 5.4 CITY-ST-ZIP CITY-ST-ZIP DELETE 6.1 TITLE Change Addition TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS

14. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). 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 13 if changed, or on an attacturent with an address.

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