FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

FILED

Apr 10 1997 8:00am

Secretary of State

412/97 813-347-8257

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000095926 (8)

	R & FATHER, INC.				
Principal Place of Business Mai		Mailing Address			daite seint dirin järin ttörä aper inst
609 75TH STREET NORTH ST. PETERSBURG FL 33710		609 75TH STREET NORT ST. PETERSBURG FL 33			
				3. Date incorporated or Qualified 12/19/1995	3a. Date of Last Report 05/14/1996
2. Principal f	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21	<u></u>	26		59-3354650	Not Applicable
Suite, Apt	#, etc	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & Sta	le	27 City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zφ	Country	Zip	Country	8. This corporation has liability for	***************************************
24	25	29	30		Yes No
	9. Name and Address of Curr	rent Registered Agent		10. Name and Address of New Re	gistered Agent
220	ISOS, JOHN E 5 TYRONE BLVD., NORTH PETERSBURG FL 33710		81 Name 82 Street Add	ress (P.O. Box Number is Not Acceptat	oie)
			83	-	
			84 City		85 Zip Code
11. Pursuant office or agent 1.	t to the provisions of Sections 607.0 registered agent, or both, in the Sta am familiar with, and accept the ob	i502 and 607.1508, Florida Sta ate of Florida. Such change wa ligations of, Section 607.0505,	itutes, the above-named corp as authorized by the corporal Florida Statutes,	poration submits this statement for the pation's board of directors. I hereby acce	purpose of changing its registered pt the appointment as registered
SIGNATURE					
12.	Signature, typod or printed name of registered	agent and life if applicable (N AND DIRECTORS	NOTE Registered Agent signature requi	red when reinstating) ADDITIONS/CHANGES TO OFFI	DATE
TITLE	D	DELETE	1.1 TITLE	ADDITIONS/CHANGES TO OFFI	Change Addition
NAME	MERKER, ARTHUR M DR.	hand over the	1.2 NAME		
STREET ADDRESS	609 75TH STREET NORTH		1.3 STREET ADDRESS		
CITY-ST-ZIP	ST. PETERSBURG FL 33710		1.4 CITY-ST-ZIP		
TITLE		☐ DELETE	2.1 TITLE		Change Addition
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP			2 4 CITY-ST-ZIP		
TITLE		☐ DELETE	3.1 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY - ST - ZIP			3.4, CITY-ST-ZIP		
TITLE		DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADORESS			4.3 STREET ADDRESS		
CITY-ST-ZIF		T DELETE	4.4 CITY-ST-ZIP		Change Addition
TITLE		DELETE	5.1 TITLE		Change Addition
NAME.			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		∏ r-	5.4 CITY-ST-ZIP	***************************************	Change Addition
NAME		<u>ы</u> ,			ET ANNUA ET VOORDON
		DR	. ARTHUR M. MER	KER .	
STREET ADDRESS			9 75th STREET,		!
14. I do here	by certify that the information supp		. PETERSBURG, F		urther certify that the
informati	ion indicated on this annual report of officer or director of the comoration	r supplemental annua		· · · · · · · · · · · · · · · · · · ·	ect as if made under oath; that