

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P95000096855 (8)

1. Corporation Name

RHINO CAPITAL GROUP, INC.



Principal Place of Business

Mailing Address

222 LAKEVIEW AVE SUITE 280  
WEST PALM BEACH FL 33401  
2197

222 LAKEVIEW AVE SUITE 280  
WEST PALM BEACH FL 33401

3. Date Incorporated or Qualified  
12/18/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 2197 NW 60th Rd  
Suite, Apt. #, etc.

26 2197 NW 60th Rd  
Suite, Apt. #, etc.

4. FEI Number

Applied For

59-3350173

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

City & State

City & State

23 Boca Raton FL

28 Boca Raton FL

24 Zip 33496

Country

29 Zip 33496

Country

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KOEPEL, JOEL P  
222 LAKEVIEW AVE SUITE 280  
WEST PALM BEACH FL 33401

81 Name

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

83

84 City

FL

85 Zip Code

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, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D  
NAME KOEPEL, JOEL P  
STREET ADDRESS 222 LAKEVIEW AVE SUITE 280  
CITY-ST-ZIP WEST PALM BEACH FL 33401 ☒ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Burton John Sussman P/T/PA Change ☐ Addition  
1.2 NAME 2197 N.W. 60th Road  
1.3 STREET ADDRESS Boca Raton, Florida 33496  
1.4 CITY-ST-ZIP

2.1 TITLE v.p. 1319 Change ☐ Addition  
2.2 NAME nancy sue Sussman  
2.3 STREET ADDRESS 2197 N.W. 60th Road  
2.4 CITY-ST-ZIP Boca Raton, FL 33496

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP ☐ Change ☐ Addition

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP ☐ Change ☐ Addition

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP ☐ Change ☐ Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP ☐ Change ☐ Addition

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 607, 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

Date

Daytime Phone #

BURTON 5455mm 4/16/96 407 989 0226

CR2E034 (12/95)