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

**PROFIT CORPORATION** ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #
1. Corporation Name P96000000909 (7)

R B P ENTERPRISE INC.

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Principal Place of Business Mailing Address 404 EAST ATLANTIC AVENUE 11211 S MILITARY TR #512 DELRAY BEACH FL 33483 BOYNTON BEACH FL 33436-7228 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 01/03/1996 4. FEI Number Applied For 2. Principal Place of Business 2a. Mailing Address 11211 S. MILITARY TRAIL Not Applicable 26 65-0629859 Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 512 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees BOYNTON Ζıp Country Country 8. This corporation owes or has paid the current year Intaggible PALM BEACH 29 30 Personal Property Tax due June 30. ☐ Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name PEZZINO, ROBERT 1211 S MILITARY TR #512 82 Street Address (P.O. Box Number is Not Acceptable) **BOYNTON BEACH FL 33436** 83 84 Zip Code 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. I hereby accept the appointment as registered agent. Lem femiliar with, and accept the obligations of, Section 607.0505, Florida Statutes. 18 198 SIGNATURE git to I agent and title if applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. DELETE ☐ Change Addition TITLE 1.1 TITLE PEZZINO, ROBERT 1.2 NAME NAME 11211 S MILITARY TR #512 STREET ADDRESS 1.3 STREET ADDRESS BOYNTON BEACH FL CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Addition Channe TITLE 2.1 TITLE NAME 2.2 NAME 2.3 STREET ADDRESS

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\*\*\*150.00 CITY-ST-ZIP 6.4 CITY - ST-ZIP 14. I hereby 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 12 or Block 13 if chapted, or on an attachment with an address.

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Feb 25 1998 8:00am

Secretary of State