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

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000011230 (5)

FILED Feb 05 1998 8:00am Secretary of State

RTP HOLDINGS, INC.					
					#### # # ##############################
Principal Place of Business Mailing Address				n innetemmi tim süttä üliili MBitt MRist MBitt MBitt	DENT LINNS 19890 TENNU ITALE MUTE 1981
6745 POINCIANA COURT 6745 POINCIANA COURT MIAMI FL 33143 MIAMI FL 33143					
<u></u>				DO NOT WRITE IN	I THIS SPACE
				3. Date Incorporated or Qualified	
2 Principal F	Place of Business	On Malling Add		02/01/1996	
· ·	race of Business	2a. Mailing Address		4. FEI Number	Applied For
21 Suite, Apt.	# etc	Suite, Apt. #, etc.		65-0643861	Not Applicable
22		27		5. Certificate of Status Desired	38.75 Additional Fee Required
City & Stat	te	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid t	
24	25 9. Name and Address of Currer		30	Personal Property Tax due June 30	
000		it negistered Agent	81 Name	10. Name and Address of New Regis	tered Agent
SCHENKER, HAROLD G 6745 POINCIANA COURT				ddress (P.O. Box Number is Not Acceptable)	
MIAMI FL 33143			02 Street AC	duress (F.C. Dox Number is Not Acceptable)	
			83		
			84 City		85 Zip Code
11. Pursuant	to the provisions of Sections 607,050	2 and 607,1508, Florida Statute	s, the above-named co	orporation submits this statement for the purp	
office or r agent. I a	registered agent, or both, in the State am familiar with, and accept the obliga	of Florida. Such change was at ations of. Section 607.0505. Flor	uthorized by the corpor rida Statutes.	orporation submits this statement for the purp ration's board of directors. I hereby accept the	ne appointment as registered
SIGNATURE					
	Signature, typed or printed name of registered age		Registered Agent signature re-		DATE
12.	OFFICERS ANI		13.	ADDITIONS/CHANGES TO OFFICER	
TITLE	D D	DELETE :	1,1 TITLE		☐ Change ☐ Addition
NAME	SCHENKER, HAROLD		1.2 NAME		
STREET ADDRESS	6745 POINCIANA COURT		1.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33143	Det exc	1.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	2.1 TITLE		Change Addition
NAME	DAVIS, LEE	•	2.2 NAME		
STREET ADDRESS	6643 POINCIANA COURT		2.3 STREET ADDRESS		
CITY - ST - ZIP	MIAMI FL 33143 V	□ DELETE	2, 4 CITY-ST-ZIP		La
TITLE		LI DELETE .	3.1 TITLE		☐ Change ☐ Addition
NAME	SCHENKER, SHELLEY S		3.2 NAME		
STREET ADDRESS	6745 POINCIANA CT		3.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	MIAMI FL	DELETE	3.4. CITY-ST-ZIP		
		□ beceie ,	4.1 TITLE		L Change L Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP		I her etc	4.4 CITY-ST-ZIP		Change (LAURE)
TITLE		L DELETE ,	5.1 TITLE		L Change L Addition
NAME STORES ADDRESS			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-SI-ZIP		DELET	5.4 CITY-ST-ZIP		
TITLE		L DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME STREET ARRESTOR			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		

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 13 if changed, or on an attachment with an address.

SIGNATURE:

Thank Jeles DECUIRED

1/29/48

305-666-3145