

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

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000019554

1. Corporation Name

R & R BUBCAT OF SOUTH FLORIDA, INC.

Principal Place of Business
131 NE 56 STREET
FORT LAUDERDALE FL 33334

Mailing Address
131 NE 56 STREET
FORT LAUDERDALE FL 33334

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc		26 Suite, Apt. #, etc		3-4-96	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Country		65-0780151	
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9. Name and Address of Current Registered Agent
RAUL SCHERRER
131 NE 56 STREET
FORT LAUDERDALE FL 33334

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83 200002826052
84 City
-04/01/99-01036-023
****158.75 ****158.75
FL

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
TITLE		11 TITLE					
NAME		12 NAME					
STREET ADDRESS		13 STREET ADDRESS					
CITY-ST-ZIP		14 CITY-ST-ZIP					
TITLE		21 TITLE					
NAME		22 NAME					
STREET ADDRESS		23 STREET ADDRESS					
CITY-ST-ZIP		24 CITY-ST-ZIP					
TITLE		31 TITLE					
NAME		32 NAME					
STREET ADDRESS		33 STREET ADDRESS					
CITY-ST-ZIP		34 CITY-ST-ZIP					
TITLE		41 TITLE					
NAME		42 NAME					
STREET ADDRESS		43 STREET ADDRESS					
CITY-ST-ZIP		44 CITY-ST-ZIP					
TITLE		51 TITLE					
NAME		52 NAME					
STREET ADDRESS		53 STREET ADDRESS					
CITY-ST-ZIP		54 CITY-ST-ZIP					
TITLE		61 TITLE					
NAME		62 NAME					
STREET ADDRESS		63 STREET ADDRESS					
CITY-ST-ZIP		64 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 changed, on an attachment with an address, with all other like empowered.

SIGNATURE:  1-13-99 561-995-1070
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #