**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## FILED May 10, 1999 8:00 am Secretary of State

05-10-1999 90045 027 \*\*\*150.00

## DOCUMENT # P96000039089

R & R ENTERPRISES OF FT. LAUDERDALE, INC.

Principal	Place	of	Business	

Mailing Address



2060 SW 71ST TERRACE BLDG. F-9 DAVIE FL 33317  2060 SW 71ST TERRACE BLDG. F-9 DAVIE FL 33317					9			DO NOT WRITE IN THIS S	PACE			
								3. Date Incorporated or Qualifed 05/07/1996				
2. Principal Pl	ace of Business	2:	a. Mailing Address					4. FEI Number	Ap	plied For		
21		26	<u></u>					65-0663884		t Applicable		
Suite, Apt.	#, etc.		Suite, Apt. #, etc.					5. Certificate of Status Desired	\$8.75			
22		27.				-, .	~ ~		Fee Re			
City & State		28	City & State					6. Election Campaign Financing Trust Fund Contribution	\$5.00 Added 1			
Zip 24	Country 25	29	Zip	30	untry	′		This corporation owes the current year Intan     Personal Property Tax.	gible ] Yes	□No		
	9. Name and Address of Curren	t Reg	istered Agent					10. Name and Address of New Registered Ag	jent			
					81	Nar	ne					
BUSSE, ROBERT 2060 SW 71ST TERRACE BLDG. F-9						Stre	et Addre	dress (P.O. Box Number is Not Acceptable)				
DAVI	E FL 33317				83							
					84	City	,	FL	85 Zip (	Code		
44 Disease	the provisions of Sections 607.050	2 and	607 1508 Florida S	tatutes the s	how	e-nam	ed corne	pration submits this statement for the purpose of ch	ıl ıanging its	registered		
office or re	edistered attent, or both in the State (	ot Eloi	nga. Such change w	as autnorize	a bv	the c	orporation	on's board of directors. I hereby accept the appointr	nent as re	gistered		
	n familiar with, and accept the obligat	uons o	of, Section 607.0505	, Fiorida Sta	tutes	5.		4/20	199	į		
SIGNATURE	Signature, typed or printed name of registered agen	t and tit	le if annironle (	NOTE: Registere	d Agei	nt signat	ure required	d when reinstating) DATE	/-/-			
12.	OFFICERS AN			13.				ADDITIONS/CHANGES TO OFFICERS AND	DIRECTO	RS IN 12		
TITLE	Р		☐ DELET	Ĕ 1.1 T	MLE				☐ Change	☐ Addition		
NAME	BUSSE, ROBERT			1.2 M	IAME							
STREET ADDRESS	2060 SW 71ST TERRACE., F-9			135	TREE	TADDRI	ESS					
CITY-ST-ZIP	FT. LAUDERDALE FL 33317			1,4 (	ITY-S	T-ZIP	i					
TITLE	VP		☐ DELET						Change	☐ Addition		
NAME	MONJE, ROBERT			2.2 M	AME					}		
STREET ADDRESS	2060 SW_71ST TERRACE., F-9			2.3 9	TREE	T ADDRI	ESS	· · · · · · · · · · · · · · · · · · ·				
CITY-ST-ZIP	FT. LAUDERDALE FL 33317			2.4	CITY-S	ST-ZIP						
TITLE			☐ DELET	E 3.1 T	TTLE				Change	Addition		
NAME				3.2 M	AME							
STREET ADDRESS				3.3 5	TREE	TADDR	ESS					
CITY-ST-ZIP				3.4.	CITY-S	ST-ZIP						
TITLE			☐ DELET	E 4.11	TTLE				☐ Change	☐ Addition		
NAME				4. 2	NAME							
STREET ADDRESS				4.3 5	TREE	T ADDRI	ESS			Į		
CITY-ST-ZIP				4.4 (	TY-S	T-ZIP						
TITLÉ			☐ DELET	E 5.11	TLE				Change	☐ Addition		
NAME				5.21	IAME							
STREET ADDRESS				5.3 8	TREE	T ADDR	ESS	•				
CITY-ST-ZIP				5.4 (	TY-S	ST-ZIP						
TITLE			☐ DELET	~	TTLE				☐ Change	☐ Addition		
NAME				6.21	IAME							
STREET ADDRESS				6.3 8	TREE	TADDR	ESS					
CITY-ST-ZIP				6.4 0	CITY-S	ST-ZIP						

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, or on an attachment with an address, with all other like empowered.

SIGNATURE:

TED NAME OF SIGNING OFFICER OR DIRECTOR