FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00 CORPORATION **ANNUAL REPORT** 1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000047820 (1)

R & B RENEW, INC.

Principal Place of Business

5898 TRAILWOOD DRIVE

Mailing Address

5898 TRAILWOOD DRIVE

APPROVED AND FILED

97 JUN 10 AMI1: 30

SECRETARY OF STATE TALLAHASSEE, FLORIDA



PORT ORANGE	FL 32127	PORT ORANGE FL 32127-6730								
						3. Date Incorporated or Qualified 06/05/1996	3a . Da	te of La	st Report	
2. Principal Pl	ac e of Business	2a. Mailing Addre	SS			4. FEI Number	1		Applied	For
21		26				59-3385864	<u>;</u>		Not App	olicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired			5 Addition	
22		27				G. Commodition of Charles Decired		Fee	Require	<u>d</u>
City & State	9	City & State				6. Election Campaign Financing	_		00 мау	
23		28				Trust Fund Contribution	Ц		led to Fee	
Zip	Country	Zip	· 1			8. This corporation has liability for intangible tax under s. 199.032,				
24	[25]	29				Florida Statutes Yes W No 10. Name and Address of New Registered Agent				
	9. Name and Address of Current	Registered Agent		81	Name	10. Italie and Address of New Neg	JISTELEU A	yyon		
	UZABADI, BEVERLY K			"	INDITIO					
	TRAILWOOD DRIVE			82	Street Add	Address (P.O. Box Number is Not Acceptable)				
POR	T ORANGE FL 32127			B3						
				84	City			85	Zip Code	
				-	·		FL			
11. Pursuant to the provisions of Soctions 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 ager	it and title if applicable	(NOTE: ftegistere	d Age	int signature requ	uired when reinstating)	DATE			
12.	OFFICERS AND	DIRECTORS	13.			ADDITIONS/CHANGES TO OFFIC	ERS AND			
TITLE	D	☐ DEL	ETE 1.1 TI	TLE				Char	ige 📙	Addition
NAME	F(ROUZABADI, BEVERLY K		1.2 N	AME						
STREET ADDRESS	5898 TRAILWOOD DRIVE		1.3 \$	1.3 STREET ADDRESS						
CITY-ST-ZIP	PORT ORANGE FL 32127		1.4 0	ITY-S	1 - ZIP					
TITLE	D	DELETE		2.1 TITLE				Char	ige 🔲	Addition
NAME	MOYER, RICHARD N		2.2 N	2.2 NAME						
STREET ADDRESS	4634A GRUBER ROAD		2.3 S	2.3 STREET ADDRESS						
CITY-ST-ZIP	NEW TRIPOLI PA 18066			2. 4 CITY - ST - ZIP						
TITLE	☐ DELETE		ETE 3.1 TI	3.1 TITLE				Char	ige 🔲	Addition
NAME			3.2 N	3.2 NAME						
STREET ADDRESS			3.3 S	TREET	ADORESS					-
CITY-ST-ZIP				HY-5	ST-ZIP					
TITLE		☐ DEL	₹TE 4.1 TI	TLE				Char	ige [_]	Addition
NAME			4.21	VAME						
STREET ADDRESS			4.3 S	TRE£1	ADDRESS					
CITY-ST-ZIP				4.4 CITY - S1 - ZIP						
TITLE		☐ DEL	ETE 5.1 TI	TLE				Char	ige [_]	Addition
NAME			5.2 N	AME		•				
STREET ADDRESS			5.3 S	THEE1	ADDRÉSS	\mathcal{O}_{1} \cdots				
CITY-ST-ZIP				ITY-S	ST - ZIP	Bank Dep # 165				
TITLE		☐ DEL	ETE 611	11 L.E		A. ale i.		☐ Char	ige [_]	Addition
NAME			6.2 N	AME		zi.				l
STREET ADDRESS			635	TREET	ADDRESS	20 V N \$11.0	(00			1
CITY - ST - ZIP.	<u> </u>		6.4 City - \$1 - 7iP			cont Act. 16	<i></i>			
44 Ldo borok	w partily that the information supplies	Luith this filian doos n	of qualify for the	OVO	rontion state	ad in Soction 119 07(3)(i) Florida Statutes	Lfurther	cortify	that the	7.7

I do interest of the uniformation supplied with this filling does not quarity for the exemption stated in Secriti (18.07.6)(f), ribride statutes. Further certainty 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.

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