

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

FILED

Mar 14 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P96000070282 (4)**

1. Corporation Name
R.P.B. OF SOUTH FLORIDA, INC.



Principal Place of Business 2655 N OCEAN DRIVE STE 300 SINGER ISLAND FL 33404	Mailing Address 2655 N OCEAN DRIVE STE 300 SINGER ISLAND FL 33404-4793
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2. Principal Place of Business 21 8274 Coconut Blvd. Suite, Apt. #, etc.		2a. Mailing Address 26 8274 Coconut Blvd. Suite, Apt. #, etc.		3. Date Incorporated or Qualified 08/23/1996	3a. Date of Last Report
22 City & State 23 West Palm Bch. FL.		27 City & State 28 West Palm Bch. FL.		4. FET Number 65-0689716	Applied For Not Applicable
24 Zip 33412		29 Zip 33412		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
25 Country U.S.A.		30 Country U.S.A.		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
9. Name and Address of Current Registered Agent STRICKLAND, ALAN 2655 N OCEAN DRIVE STE 300 SINGER ISLAND FL 33404				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

10. Name and Address of New Registered Agent 81 Name Strickland, Alan 82 Street Address (P.O. Box Number is Not Acceptable) 8274 Coconut Blvd. 83 84 City West Palm Bch. FL 85 Zip Code 33412	
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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  DATE **1-21-97**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D	<input checked="" type="checkbox"/> DELETE	1.1 TITLE D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME STRICKLAND, ALAN		1.2 NAME Strickland, Alan	
STREET ADDRESS 2655 N OCEAN DRIVE STE 300		1.3 STREET ADDRESS 8274 Coconut Blvd.	
CITY-ST-ZIP SINGER ISLAND FL 33404		1.4 CITY-ST-ZIP West Palm Bch. FL. 33412	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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.

SIGNATURE  DATE **1-21-97** (561) 881-0030

CR2E034 (9/96)