## SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

**PROFIT CORPORATION** ANNUAL REPORT

STREET ADDRESS

CITY-ST-ZIP

FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P96000076288 (5)

R&R	ENTERPRISES, INC.				
Principal Place 221 COLIMA #1013 PONTE VEDR	COURT	Mailing Address  221 COLIMA COURT  #1013  PONTE VEDRA FL 32082		DO NOT WRITE IN THI	S SPACE
				09/12/1996	Date of Last Report
21 8118	BEACH BLUD,	2a. Mailing Address 26 SALE ABOVE	LABIAND.	4. FEI Number 3398474	
Suite, Apt.	#, etc.	Suile, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State  23 JACK	SONVILLE FL	City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May &e Added to Fees
24 32Z	-16 25 USA		Country	This corporation owes or has paid the c Personal Property Tax due June 30.	Yes No
p, Name and Address of Current Registered Agent 10, Name and Address of New Registered Agent  WARD, SPENCER R 81 Name					
	1-COUMA-COURT—	•	82 Street Addi	ress (P.O. Box Number is Not Acceptable)	WAY
	NTE VEDRA FL 32082		83		
			84 City	F	
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 507.0505, Florida Statutes.					
SIGNATURE Signature, typed or printed name of follatered agent and title II applicable (NOTE Registered Ag			Registered Agent signature requi	red when reinstating) DATE	-9-97
12.	Signature, typed or printed name of the tered agent OFFICE IS AND	DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS A	
TITLE	PRESIDENT R. WARE 115 SEA HAMMOUN PONTE VEDRA BEACH	DELETE DELETE	1.1 TITLE		Change Addition
NAME	STEA HAMMOCK	ward	1.2 NAME		
STREET ADDRESS	MONITOR LABARA MONCH	4. PL 32082	1.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	POINTE OFFICE VACANT	DELETE	1.4 CITY-ST-ZIP 2.1 TITLE		Change Addition
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADORESS		
CITY-ST-ZIP			2. 4 CITY-ST-ZIP		
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAME	1	
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP		I ne) cre	4.4 CITY-ST-ZIP		Change Addition
TITLE		☐ DELETE	5.1 TITLE		Ti Attailine (Ti Manigot)
NAME OTOGET ADDRESS			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		ļ
CITY-ST-ZIP TITLE	<del> </del>	☐ DELETE	5.4 CHY-ST-ZIP 6.1 TITLE		Change Addition
NAME			6.2 NAME		
INVIIL			- WIE 190 0186		

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.

6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

Sep 15 1997 8:00am

Secretary of State