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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P96000084752 (0)

R&R\	/ENTURES, INC.		- (0)				H FARN IAN OCCU ARRO AND IN IN
Principal Place of Business Mailing Address							18 <b>88</b> 101 68111 01011 18001 81110 1101 1601
1304 DESOTO BUITE 304 TAMPA FL 338		SUITE 304	1304 DESOTO AVENUE SUITE 304 TAMPA FL 33806-3138				
						3. Date Incorporated or Qualified 10/14/1996	3a. Date of Last Report
21	lace of Business	26	<b>4</b>			4. FEI Number 59-3411605	Applied For Not Applicable
Sulte, Apt.	#, elc.	<b>⊢</b>	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	9		City & State			6. Election Campaign Financing	\$5.00 May Be
23		28				Trust Fund Contribution	Added to Fees
⊸ <sup>Zip</sup>	Country	Zip	-	Country	•	8. This corporation has liability for i	
24	25 29 9, Name and Address of Current Registered Agent			30	Florida Statutes Yes No  10. Name and Address of New Registered Agent		
MC	NAMARA, THOMAS P			81	Name	10. Name and Address of New York	grotor or regard
	9 BAY TO BAY BLVD			82	Street Ad	Idress (P.O. Box Number is Not Acceptab	la)
SUITE 309					Olicerno	Total (1.0. Dox Number is Not Necophae	
TAN	APA FL 33629			83			
•				84	City		FL 85 Zip Code
11. Pursuant office or r agent. I a	to the provisions of Sections 607.05 egistered agent, or both, in the Sta m familiar with, and accept the obti	502 and 607.1508, Fi to of Florida. Such c igations of, Section 6	lorida Statule: hange was au 307.0505, Flor	s, the above uthorized by rida Statutes	e-named co the corpor s.	prporation submits this statement for the pration's board of directors. I hereby accep	
SIGNATURE	Signature, typed or printed name of registered a	gont and title if applicable.	(NOTE	Registered Age	ent signature rec	quired when reinstalling)	DATE
12.		ND DIRECTORS		13.		ADDITIONS/CHANGES TO OFFIC	
TITLE	DELETE		J DELETE	1.1 TITLE			☐ Change ☐ Addition
NAME LEICH, RAYMOND M STREET ADDRESS 1304 DE SOTO AVE, STE 304				1.2 NAME			
STREET ADDRESS	T4404 Ft 00000			1.3 STREET ADDRESS			
CITY-ST-ZIP TITLE	D		DELETE	1.4 CITY-S 2 1 TITLE	T-ZIP		☐ Change ☐ Addition
NAME	WILLARD, ROSALIA M		1 DELL'S	2.2 NAME			C Printings C 1 reserves
STREET ADDRESS	2944 BAYSHORE COURT			2.3 STREET	ADDRESS		
CITY-ST-ZIP	TAMPA FL 33611			2.4 CITY-ST-ZIP			
TITLE			DELETE	3 1 TITLE			Change Addition
NAME				3.2 NAME			
STREET ADDRESS				3 3 STREET	l		
CITY-ST-ZIP			DELETE	3 4. CITY - S	ST - ZIP		Change Addition
TITLE NAME		L	) DELETE	4.1 TITLE 4. 2 NAME			CHANGE E Auditon
STREET ADDRESS				4.3 STREET	ADDRESS		
CITY-ST-ZIP				4.4 City-S	1		ĺ
TITLE		L	DELETE	5.1 TITLE	<u></u>		Change Addition
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET	ADDRESS		
CITY-ST-ZIP				5.4 CITY - S	T- ZIP		
TITLE		L_	DELETE	6.1 TITLE			Change Addition
NAME				6.2 NAME			
STREET ADDRESS				63 STREET	ADDRESS		
CITY-ST-ZIP		<del></del>		6.4 CITY-S	T-ZIP		

I do hereby certify that the information supplied with this filling 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 empoyered 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 an analytic chapter with in andress.

(64) . ) . . . . . . . . .

**FILED** 

Jun 17 1997 8:00am

Secretary of State

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