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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P96000084752 (0)** 

R & R VENTURES, INC.

Mailing Address

1304 DESOTO AVENUE SUITE 304 TAMPA FL 33606

2. Principal Place of Business

MCNAMARA, THOMAS P

Suite, Apt. #, etc.

SIGNATURE:

City & State

Zip

21

24

Principal Place of Business

1304 DESOTO AVENUE SUITE 304 TAMPA FL 33606

2s. Mailing Address

City & State

Zip

Suite, Apt. #, etc.

26

29

9. Name and Address of Current Registered Agent

FILED
May 01 1998 8:00am
Secretary of State



DO NOT WRITE IN THIS SPACE

8. This corporation owes or has paid the current year Intangible

Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

Yes

813/251-6662

Not Applicable

 Date Incorporated or Qualified 10/14/1996

59-3411605

5. Certificate of Status Desired

Election Campaign Financing Trust Fund Contribution

Personal Property Tax due June 30.

10. Name and Address of New Registered Agent

4. FEI Number

2909 BAY TO BAY BLVD								
SUITE 309		82	Street Address (P.O. Box Number is Not Acceptable)					
' TAMPA FL 33629								
Ī		84	City 85 Zip C			ode		
				FL				
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.								
StGNATURE Stoneture: typed or printed name of registered agent, and title if applicable (NOTE: Registered Agent signature required when reinstating)  DATE								
12. OFFICERS AND DIRECTORS 13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
TITLE	D DELETE 1.1	TITLE		ty, the transfer to the transf	☐ Ch	ange	Addition	
NAME	LEICH, RAYMOND M	NAME						
STREET ADDRESS	1304 DE SOTO AVE, STE 304	STREET	ADDRESS					
CITY-ST-ZIP	TAMPA FL 33606 1.4C		T-ZIP					
TITLE		TITLE			☐ Ch	ange	Addition	
NAME	TAMPA FL 33611 2.40							
STREET ADDRESS			ADDRESS					
CITY-ST-ZIP			IT-ZIP					
TITLE	☐ DELETE 3.1	TITLE		*	Ch	aกge	Addition	
NAME	3.2	NAME						
STREET ADDRESS	3.3	STREET	ADDRESS					
CITY-ST-ZIP		CITY -	T-ZIP					
TITLE	☐ DELETE 4.1	TITLE			☐ Ch	ange	☐ Addition	
NAME	4.2	NAME	ļ					
STREET ADDRESS	43	STREET	ADDRESS				1	
CITY-ST-ZIP		CITY-S	T-ZIP					
TITLE	☐ DELETE 5.1	TITLE	J		L Ch	ange	☐ Addition	
HAME	5.2	NAME						
STREET ADDRESS	5.3	STREET	address					
CITY-ST-ZIP		CITY-S	T - ZIP					
TITLE	DELETE 6.1	6.1 TITLE			L) Ch	ange	☐ Addition	
NAME		NAME	1					
STREET ADDRESS	6.3	STREET	ADDRESS				ſ	
CITY-ST-ZIP		CITY-S		di- C	414 . 41	- b 4b	atama dia	
14. Thereby 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 em an officer or director of the corporation or the receives or trustee empower of 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 another with an addition.								

Country

81 Name