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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000100407

1. Corporation Name

Mar 23, 1999 8:00 am Secretary of State

03-23-1999 90027 002 ***150.00

1120 0111	RHOW, INC.								
		Mailing Address .				I (DOIACHT ANN THE ANN	II Bala f Hahl O	IDII4 BOISI DIA) ({
Principal Place		P.O BOX 6190							
1155 49TH AVE. P.O BOX 6190 VERO BEACH FL 32966 VERO BEACH FL 3296									
US						DO NOT WRIT	E IN THIS	SPACE	
						3. Date Incorporated or Qualifed 12/12/1996			
2. Principal Pl	2a. Mailing Address	Address			4. FEI Number		A	Applied For	
21		26			65-0714845	1	1	Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				5. Certificate of Status Desired	\$8.75	Additional	
22		27				5. Certificate of Status Desired		Fee F	Required
City & State		City & State				6. Election Campaign Financing \$5.00 May Be			
23		28				Trust Fund Contribution Added to Fees			
Zip	Country	Zip	Country	4		8. This corporation owes the curre	ent year Int		No
24	25	29 30	<u>) </u>			Personal Property Tax.	\	Yes	No
	9. Name and Address of Current	Registered Agent	0.4	T		10. Name and Address of New R	egistered	Agent	
CDA	MEG A BRIA ECO		81	Name					
Graves, A. Julia esq. 2205 14th ave.		82 Stre		Street	Addres	ss (P.O. Box Number is Not Accepta	ble)		
	D BEACH FL 32960			<u> </u>					
VERU	D DEACH LE 25900		83	1					
			84	City			FL	85 Zir	p Code
44 Purellant	to the provisions of Sections 607 0502	and 607.1508. Florida Statutes.	the abov	re-named	corpor	ration submits this statement for the	purpose of	changing i	its registered
office or re	to the provisions of Sections 607.0502 egistered agent, or both, in the State on a familiar with, and accept the obligati	of Florida. Such change was auth	orized by	the corp	oration	's board of directors. I hereby accep	t the appoi	ntment as	registered
agent. I ai	m ramılar with, and accept the obligati	ons of, Section 607.0505, Florida	a Statutes	э.					İ
									I
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: Re	egistered Age	ınt signature	required v	when reinstating)	DATE		
	Signature, typed or printed name of registered agent OFFICERS ANI		egistered Age	ent signature	required v	when reinstating) ADDITIONS/CHANGES TO OFF		ID DIRECT	TORS IN 12
12.				ent signature	required v			ID DIRECT	
12.	OFFICERS AND	DIRECTORS	13.		required v				
12. TITLE NAME	OFFICERS AND	DIRECTORS	13. 1.1 TITLE 1.2 NAME						
12. TITLE NAME STREET ADDRESS	P GRAVES, J. HUBERT	DIRECTORS	13. 1.1 TITLE 1.2 NAME	T ADDRESS					
12. TITLE NAME	P GRAVES, J. HUBERT 1155 49TH AVE.	DIRECTORS	13. 1.1 TITLE 1.2 NAME 1.3 STREE	T ADDRESS					e Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GRAVES, J. HUBERT 1155 49TH AVE. VERO BEACH FL 32966 ST	D DIRECTORS	13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-5	ET ADDRESS ST-ZIP				Change	e Addition
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14. I 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 suppliemental 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, with all other like empowered.

SIGNATURE:

CITY-ST-ZIP

561-162-7361