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 # P96000103560 (4)

R G B & ASSOCIATES, INC.

Principal Place of Business

Mailing Address

4675 PALMETTO STREET

1575 PALMETTO STREET

FILED Apr 22 1997 8:00am Secretary of State



CLEARWATER F	L 34615	CLEARWATER FL 34815-5432					
				3. Date Incorporated or Qualified 12/20/1996	3a. Date	of Last I	Report
2. Principal Pl	lace of Business	2a, Mailing Address		4. FEI Number		A	oplied For
21 ح	I W. TARROWA	. 26 570.	TARAN A	. 59-3421289	· · · · · · · · · · · · · · · · · · ·		lot Applicable
Suite, Apt i	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired		•	Additional Required
City & State	Haco of Eugenoss 7 W. TARACM A #, etc. Country Country	City & State 28 TARAW	SAGS FEA.	Election Campaign Financing Trust Fund Contribution) May Be I to Fees
Zip 34	687 25 034	29 30689	Country 30	This corporation has liability for Florida Statutes	intangible ta Yes 🔲		s. 199,032,
	g, Name and Address of Curren	t Registered Agent		10, Name and Address of New Ro	gistered Ag	ent	
	W, RICHARD G		81 Name				
	PALMETTO-STREET 574	W. TARAM A AM SAAG, FO 346	82 Street	Address (P.O. Box Number is Not Accepta	ble)		······································
-public	WINTER TO TO TO	344 346	89 83	**************************************			
			84 City		FL	85 Zip	Code
office or re agent. Lar	egistered agent or both, in the State m familiar with and accept the obliga	of Florida. Such change was tions of, Section 607,0505, Fl	authorized by the cor orida Statutes.		purpose of cl pt the appoin	ntment a	s registered
	Signature typed or printed name of registered age		E: Registered Agent signature		DATE	IDEOTO	DO 11.46
12, 7111E	OFFICERS AND	DELETE	13.	ADDITIONS/CHANGES TO OFFI		Change	Addition
1	REAM RICHARD G		1.2 NAME		L) Change	A Madillori
NAME CARREST ADDRESSES	1575 PALMETTO-STREET	(SLE ABOVE)		-			
STREET ADDRESS	CLEARWATER FL 34615		1.3 STREET ADDRESS				
CHTY+ST+ZIP TITLE	COSTITUTE	DELETE	1.4 CITY-ST-ZIP 2.1 TITLE			Change	Addition
NAME		head o'cante	2.2 NAME		lan.		
1			2.3 STREET ADDRESS				
STREET ADDRESS			2.4 CITY - ST - ZIP				
City-St-ZiP Tifut		DELETE	3.1 TITLE		Т	Change	Addition
NAME			3.2 NAME		_	-	_
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TITLE		☐ DELETE	4.1 TITLE			Change	Addition
NAME			4. 2 NAME				
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TI1; F		DELETE	5.1 TITLE		L	Change	Addition
NAME			5.2 NAME	İ			
STHEET ACOURESS			5.3 STREET ADDRESS	· ·			
CITY ST-7P			5.4 CITY-ST-ZIP				
THEF		☐ DELETE	6.1 TOTLE			Change	Addition
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREET ADDRESS	1			
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, 67 on an attachment with an address.

SIGNATURE: