## -- . FILE NOW: FILING FEE AFTER MAY 1ST IS \$550,00

**PROFIT** CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P96000103844

1. Corporation Name

R.P.R. DEVELOPMENT, INC.

				_				
Principal Plac	e of Business	Mailing Address						
503 N ORLANDO AVENUE 503 N ORLANDO AVENUE SUITE 105 SUITE 105								
						DO NOT WINTE IN THIS	CDACE	
COCOA BEACH FL 32931 COCOA BEACH FL 32931						DO NOT WRITE IN THIS  3. Date Incorporated or Qualified	SPACE	
						12/27/1996		
Principal Place of Business     2a. Mailing Address			S			4. FEI Number	Applied For	
21		26	26			59-3417227	Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				5. Certificate of Status Desired  \$8.75 Addition		
22		27	27			3. 00/11/02/0 0/ 02/20/20	Fee	Required
City & Stat	te	City & State				6. Election Campaign Financing		<b>)0</b> May Be
23		28				Trust Fund Contribution		ed to Fees
Zip	Country	Zip		ountry		<ol> <li>This corporation owes the current year in</li> </ol>		
24	25	29	30			Personal Property Tax.	Yes	□No
	<ol><li>Name and Address of Curre</li></ol>	ent Registered Agent				10. Name and Address of New Registered	Agent	
0116	STANCES IONNES			81	Name			
SHOEMAKER, JOHN B				82	Street Ac	ess (P.O. Box Number is Not Acceptable)		
	n orlando avenue				000171			
	TE 105			83				
COO	COA BEACH FL 32931			ļ				in Codo
				84	City	FL	85 2	ip Code
SIGNATURE	Signature, typed or printed name of registered ag				it signature req	uired when reinstating) DATE  ADDITIONS/CHANGES TO OFFICERS A	ND DIREC	TORS IN 12
TITLE	OFFICERS AND DIRECTORS  DP			13.		ADDITIONS/CHANGES TO OTT TOLING A	Char	
NAME	KODSI, ALBERT		<b>I</b> "	1.2 NAME			_	-
STREET ADDRESS	FOR AL ODE ANDO AVENUE OF	TE 105			ADDRESS			
	COCOA BEACH FL.	100						
CITY-ST-ZIP TITLE	VPS DELETE			1.4 CITY-ST-ZIP 2.1 TITLE			Char	ge Addition
	SHOEMAKER, JOHN B			2.2 NAME				. –
NAME	FOR N. ODLANDO AVE OTE 4	ne.			ADDRESS			
STREET ADDRESS	COCOA BCH FL	00		CITY-S				
CITY-ST-ZIP TITLE	COCOA BOILLE	DĒL		TITLE	11-21-		Char	ge Addition
				NAME			_	
NAME					ADDRESS			
STREET ADDRESS				CITY-S				
CITY-ST-ZIP TITLE		□ DEL		TITLE	11-217		Char	ge Addition
NAME				NAME				-
STREET ADDRESS					ADDRESS			
				CITY-S				
CITY-ST-ZIP TITLE	+	☐ DEL		TITLE	1- LIF		Char	ge Addition
		_ 522		NAME			_	- <del>-</del>
NAME					ADDRESS			
STREET ADDRESS	"			CITY-S				
CITY-ST-ZIP TITLE	· · · ·	☐ DEL		TITLE				ge Addition
			C   C   E   C	IIILE			Char	
NAME				NAME			Char	igeAddition

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 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, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

**FILED** 

May 06, 1999 8:00 am Secretary of State

05-06-1999 90100 034 \*\*\*150.00

CR2E034 (11/98)