May 06, 1999 8:00 am Secretary of State

05-06-1999 90225 016 \*\*\*150.00

Mailing Address

**PROFIT** CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P97000010650

1. Corporation Name

Principal Place of Business

RSB ECONOMIC GROUP, INC.

8004 N.W. 154T SUITE 107 MIAMI LAKES F		SUITE 10	8004 N.W. 154TH STREET SUITE 107 MIAMI LAKES FL 33016				DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualifed 01/30/1997				
2 Principal Pi	lace of Business	2a. Maili	ing Address			<del></del>	4. FEI Number		<del>- †-7</del>	Applied For	
<b>├</b> ─┐ '	index of Education	26	<u></u>				65-0725885		H	Not Applicable	
Suite, Apt.	#. etc.		Suite, Apt. #, etc.						\$8.7	5 Additional	
22	.,		27				5. Certifcate of Status Desired		Fee	Required	
City & State	9		City & State				6, Election Campaign Financing		\$5.0	00 May Be	
23			28				Trust Fund Contribution			ed to Fees	
Zip	Country	Zip					8. This corporation owes the curre	nt year Inta	ngible		
24	25	29	30	<u>,                                    </u>			Personal Property Tax.	•	ŬYes	<b>Ø</b> No	
	9. Name and Address of Currer	<u> </u>	_		10. Name and Address of New R	egistered A	gent				
			······································	81	T	Name		*			
	wne, roger					Chart Addre	no (D.O. Bay Number is Not Assente	hle)			
8004	N.W. 154TH STREET					Street Addre	eet Address (P.O. Box Number is Not Acceptable)				
SUIT	E 107										
MIAN	/II LAKES FL 33016			<u> </u>	1						
				84	1	City		Fl.	85 2	Zip Code	
agent. I as	egistered agent, or both, in the State m familiar with, and accept the obliga Signature, typed or printed name of registered age	itions of, Secti	ion 607.0505, Florida	a Statute:	S.	signature required		DATE		· -	
12.	OFFICERS AN			13.			ADDITIONS/CHANGES TO OF	ICERS AND			
TITLE	PO		☐ DELETE	1.1 TITLE					Char	ige 🔲 Addition	
NAME	Browne, Roger			1.2 NAME							
STREET ADDRESS	8004 N.W. 154TH STREET SU	ITE 107		1.3 STREE	T A	ADDRESS					
CITY-ST-ZIP	MIAMI LAKES FL 33016			1.4 CITY-5	ST-	-ZIP					
TITLE			DELETE	2.1 TITLE					Char	nge 🗀 Addition	
NAME				2.2 NAME		l					
STREET ADDRESS				2.3 STREE	ET A	ADDRESS					
CITY-ST-ZIP				2.4 CITY-	ST-	-ZIP					
TITLE			☐ DELETE	3.1 TITLE					Char	nge 🔲 Addition	
NAME				3.2 NAME							
STREET ADDRESS			ı	3.3 STREE	T/	ADDRESS					
CITY-ST-ZIP				34. CITY-	ST-	-ZIP					
TITLE			DELETE	4.1 TITLE					Char	nge	
NAME			į	4, 2 NAME	:						
STREET ADDRESS				4.3 STREE	ET A	ADDRESS					
CITY-ST-ZIP	_			4.4 CITY-5	ST-	-ZIP					
TITLE			☐ DELETE	5.1 TITLE					☐ Char	nge	
NAME				5.2 NAME							
STREET ADDRESS				5.3 STREE	ET A	ADDRESS					
CITY-ST-ZIP				5.4 CITY-\$	ST-	-ZIP					
TITLE			☐ DELETE	6.1 TITLE	-				☐ Char	nge Addition	

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, of on an attachment with an address, with all other like empowered.

6.2 NAME

6.3 STREET ADDRESS

64 CfTY-ST-7/P

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP