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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1998
DOCUMENT # PO

P97000011453 (2)

RHINO SPIRIT UNLIMITED INTERNATIONAL, INC.

FILED May 06 1998 8:00am Secretary of State

Principal Place of Business Mailing Address										14014601 448 48111 48811 88131 98131 98111 8			.00 HHH 1081	
P.O. BOX 4595 P.O. BOX 45						i 95								
DEERFIELD BEACH FL 33442 DEERFIELD BEACH FL 3344.							2			DO NOT WRITE IN THIS SPACE				
									i	3. Date Incorporated or Qualified				
										02/01/1997				
2. Principal P	lace of Busin	- 2	2a. Mailing Address						4. FEI Number	•	I Ar	oplied For	7	
21				26						65-0729571		No	ot Applicable	3
Suite, Apt.	#, etc.		Suite, Apt. #, etc.						5. Certificate of Status Desired		\$8.75			
22				27						e. Commodice of States Booker			equired	4
City & Stat	ie	-	Oity & State						6. Election Campaign Financing	\Box	\$5.00			
Zip		2	Zip Country					Trust Fund Contribution Added to Fees						
24	Country 25			29 30			,		-	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No				
9. Name and Address of Current Registered Agent									10. Name and Address of New Registered Agent					
ST	ALLINGS F	TERORAH					81	Name						7
STALLINGS, DEBORAH 1882 D ISCOVERY WAY							82 Street Add			s (P.O. Box Number is Not Accepta	hlal			\dashv
DEERFIELD BEACH FL 33442							Street Addi			S (1.0. DOX HUMBER IS NOT ACCOPT	able f			
							83							7
							84	City				85 Zip (Code	\dashv
								-			FL	_		╛
office or r	regi ste red ag	ions of Sections 6 jent, or both, in the th, and accept the	o State of Fid	orida. Such cha	inge was a	authorize	d by	the con	l corpor poration	ation submits this statement for the n's board of directors. I hereby acc	purpose o	if changing it pointment as	s registered registered	
SIGNATURE			Ü		,									ì
Signature: Signature, typed or printed name of registered agent and title 4 apparable (NOTE: Registers								nt signature	e required		DATE			J۶
12.	,	OFFICE	RS AND DIF		DELETE	13.			17/2	ADDITIONS/CHANGES TO OFF	ICERS AN			100
TITLE	ļ				DELETE	1.17(SIL	VISIT .		Change	Addition	ĮĒ
NAME						1.2 N			Ne	BORAH STALL	10679	5	•	3
STREET ADDRESS								ADDRESS			w El	22/11	~	Į,
CITY-ST-ZIP	 			DELETE 2.1 TI			TY-SI	1-219	1200	ERFIELD BEACH	, 77	Change	Addition	ქშ
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CITY-ST-ZIP]			2.40										
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NAME						3.2 N	ME							ı
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CITY-ST-ZIP						3 4. C	TY-S	1-7IP	<u> </u>					_
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CITY-ST-ZIP					NEL ETE	4.4 CI	_	- ZIP	↓			F1.05	1 4 (19)	4
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CITY-ST-ZIP				· · · · · · · · · · · · · · · · · · ·	DELETE	5.4 Ct		-ZIP				Change	Addition	-
TITLE	!			<u></u>	/LLC C	6.1 Tf						U Change		
NAME STREET ADDRESS						6.2 N/		ADDRESS	1					-
						1								
City-St-zip 14. I hereby (certify that th	e information subr	olied with thi	is filing does no	t qualify fo	6.4 CI or the exe			ed in Se	ection 119.07(3)(i), Florida Statutes.	I further o	ertify that the	information	-

or supplied with the information supplied with this ming does not quality for the Boompton stated in Section 1.19.07(5)(f), Florida Statutes. Florida 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 coporation 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.