## 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 # **P97000031935**

**R & B FAMILY CORPORATION** 

	· ,						
Principal Place of Business Mailing Address						ARION IIIOS KIRIO IOIOO K	III DI DI II SEDI
415 L'AMBIANCE DR., PENTHOUSE C 415 L'AMBIANCE DR., PENTI			IOUSE C				
LONGBOAT KEY FL 34228 LONGBOAT KEY FL 34228			10002 0		DO NOT WRITE IN	THIS SPACE	
					3. Date Incorporated or Qualifed		1
		•			04/08/1997		\$
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number	Apr	olied For
21	ace of Basinass	26			65-0741947	Not	Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			<b>₩</b>	\$8.75 A	dditional
22		27			5. Certifcate of Status Desired	Fee Red	quired
City & Stat	е	City & State			6. Election Campaign Financing	\$5.00	
23		28			Trust Fund Contribution	Added to	Fees
Zip	Country	Zip	_ Country		8. This corporation owes the current year		
24	25	29 30	0]		Personal Property Tax.		□No
	9. Name and Address of Curren	t Registered Agent	81	Name	10. Name and Address of New Registe	neu Agent	
Sii R	ERSTEIN, DAVID M		"				
720 S. ORANGE AVE.			82	Street Ad	ldress (P.O. Box Number is Not Acceptable)		
SARASOTA FL 34236			83	<del></del>			
O/WV	NOTATE OFFICE		00				
			84	City		FL 85 Zip C	ode
11. Pursuant	to the provisions of Sections 607.050	2 and 607.1508. Florida Statutes	the above	e-named co	moration submits this statement for the ourpos	se of changing its	registered
office or r	egistered agent, or both, in the State manifold from familiar with, and accept the obligation	of Florida. Such change was auth	norized by	the corpora	ation's board of directors. I hereby accept the a	ppointment as reg	istered
SIGNATURE							
	Signature, typed or printed name of registered ager	, card add a dyp	egistered Ager	nt signature requ	uired when reinstating)  ADDITIONS/CHANGES TO OFFICER		RS IN 12
TITLE	PS OFFICERS AN	D DIRECTORS	1.1 TITLE		ADDITIONS/OFFICEO TO CITIOES	☐ Change	Addition
	BROWN, RONALD	<u> </u>	1.2 NAME	i			
NAME	415 L'AMBIANCE DRIVE PH-C			ADDRESS			
STREET ADORESS	LONGBOAT KEY FL 34228		1.4 CITY-S	1			
CITY-ST-ZIP TITLE	VT DELETE		2.1 ΠΤLE			☐ Change	Addition
NAME	BROWN, BEVERLY	· · · · · · · · · · · · · · · · · · ·					
STREET ADDRESS	415 L'AMBIANCE RIVE PH-C			T ADDRESS			1
	A ALLAMA I THE COLOR		2.4 CITY-S	-	÷ -		-
CITY-ST-ZIP TITLE			3.1 TITLE	,, ,		☐ Change	Addition
NAME	<b>:</b>		3.2 NAME				•
STREET ADDRESS			3.3 STREET	TADORESS			
CITY-ST-ZIP			3.4. CITY-S	į.			
TITLE			4.1 TITLE			☐ Change	☐ Addition
NAME			4. 2 NAME		•		
STREET ADDRESS			4.3 STREET	TADORESS .			
CITY-ST-ZIP			4.4 CITY-S	T-ZIP	•		
TITLE		☐ DELETE	5.1 TITLE			☐ Change	☐ Addition
NAME			5.2 NAME		٠,		
STREET ADDRESS			5.3 STREE	TADORESS		,	
CITY-ST-ZIP			5.4 CITY-S	T-ZIP	<del>-</del>		
TITLE 575 THE		☐ DELETE	6.1 TITLE			☐ Change	☐ Addition
	In the second of						ı

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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

FILED May 04, 1999 8:00 am Secretary of State

05-04-1999 90135 043 \*\*\*150.00