

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

**FILED**

**Jan 21 1998 8:00am  
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # P97000032809 (0)**

1. Corporation Name  
**R.P. MANAGEMENT GROUP, INC.**



Principal Place of Business: **1218 NORTHEAST 8TH AVENUE FORT LAUDERDALE FL 33304**

Mailing Address: **1218 NORTHEAST 8TH AVENUE FORT LAUDERDALE FL 33304**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
21 **1217 NE 9 Avenue**  
Suite, Apt. #, etc. \_\_\_\_\_  
22 \_\_\_\_\_  
City & State: **FTLD, FL**  
23 **FL**, **FL**  
Zip: **33304** 24 Country: **USA** 25  
2a. Mailing Address  
26 **1217 NE 9 Avenue**  
Suite, Apt. #, etc. \_\_\_\_\_  
27 \_\_\_\_\_  
City & State: **FTLD, FL**  
28 **FL**, **FL**  
Zip: **33304** 29 Country: **USA** 30

3. Date Incorporated or Qualified: **04/11/1997**

4. FEI Number: **65-0742926** Applied For Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent  
**AMERILAWYER CHARTERED  
343 ALMERIA AVENUE  
CORAL GABLES FL 33134**

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83 \_\_\_\_\_  
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent's signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> DELETE
PD	MASTRANGELO, JOHN C	1218 NORTHEAST 8TH AVENUE FORT LAUDERDALE FL 33304		<input type="checkbox"/>
VD	PERSHING, ROBERT	1218 NORTHEAST 8TH AVENUE FORT LAUDERDALE FL 33304		<input type="checkbox"/>
ST	WARNER-MASTRANGELO, DEBORAH	1218 NORTHEAST 8TH AVENUE FORT LAUDERDALE FL 33304		<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
		1217 NE 9 AVENUE FT LD, FL 33304		<input checked="" type="checkbox"/>	<input type="checkbox"/>
		1217 NE 9 AVENUE FT LD, FL 33304		<input checked="" type="checkbox"/>	<input type="checkbox"/>
		1217 NE 9 AVENUE FT LD, FL 33304		<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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.

SIGNATURE: *Deborah Warner-Mastrangelo*

1-13-98

CR2E034 (10/97)