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**PROFIT** CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P97000052656

1. Corporation Name

RP DEVELOPMENT CORP

Principal Place	e of Business	Mailing Addre	ess				1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			4 110	at Citta Sitt (an)
259 PROMENADE CIRCLE HEATHROW FL 32746  259 PROMENADE CIRCLE HEATHROW FL 32746											
							DO NOT WRITE IN THIS SPACE				
							3. Date Incorporate	d or Qualifed			1
							06/13/1997				
2. Principal Pl	lace of Business	2a. Mailing A	ddress				4. FEI Number			[ ] A	oplied For
21		26					59-3454706				lot Applicable
Suite, Apt. #, etc.		— <u> </u>	Suite, Apt. #, etc.				5. Certifcate of Stat	tus Desired		T	Additional Required
City & State	le	City & St	ate	····		7	6. Election Campai	an Financina		\$5.00	) May Be
23		28		0	-4-		Trust Fund Cont	ribution		Added	to Fees
<sup>Zip</sup>	Country	Zip	ſ	Cour	ııry		8. This corporation		ent year ir	itangible	□No
24	25	29		30			Personal Propert  10. Name and Addr		Pagistasa -		
	9. Name and Address of Cur	rent Registered Age	nt		81	Name	IV. Name and Addi	ess of New h	redisterec	Ayeill	
p.0	C CORPORATE SERVICES OF	E CENTONI EL INC	•		•   '	Name					
			NIKAL FLING			Street Addre	ess (P.O. Box Number	is Not Accepta	ible)		
	N. ORANGE AVE., SUITE 100	,									
OHL	ANDO FL 32801				83			•			
				Ì	84	City				85 Zip	Code
						-			FI		
office or n agent. I a	to the provisions of Sections 607.0 registered agent, or both, in the Sta am familiar with, and accept the obl	ate of Florida. Such cl	nange was at	ıtnorizea	by tn	named corpo le corporation	oration submits this star n's board of directors.	hereby acce	л ше арр	ointment as	registered
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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 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 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.

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

πιε

NAME

STREET ADDRESS

CITY-ST-ZIP

<del>re r</del>equired YPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Change

Addition