

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

FILED
Jan 20 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 # P97000052675 (0)

1. Corporation Name

R.B. OF SOUTH FLORIDA, INC.



Principal Place of Business

4709 SW 45 STREET
DAVIE FL 33327

Mailing Address

4709 SW 45 STREET
DAVIE FL 33327

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/13/1997

4. FEI Number

65-0760259

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

2. Principal Place of Business

21 4709 S.W. 45th Street
Suite, Apt. #, etc.

22 Davie, Florida

City & State

23

Zip

24 33314

Country

25 Broward

2a. Mailing Address

26 4709 S.W. 45th Street
Suite, Apt. #, etc.

27 Davie, Florida

City & State

28

Zip

29 33314

Country

30 Broward

9. Name and Address of Current Registered Agent

COLEMAN, ANTHONY G JR.
4709 SW 45 STREET
DAVIE FL 33327

81 Name

Robert Hallaran

82 Street Address (P.O. Box Number is Not Acceptable)

4709 S.W. 45th Street

83

City

84

Davie,

FL

85

Zip Code

33314

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

Robert Hallaran

X Robert Hallaran

Jan 8, 1998

DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME HALLARAN, ROBERT
STREET ADDRESS 4709 SW 45 STREET
CITY-ST-ZIP DAVIE FL 33327

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

TITLE
NAME
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CITY-ST-ZIP

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CITY-ST-ZIP

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE Change Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE Change Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE Change Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE Change Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE Change Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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: *Robert Hallaran* Robert Hallaran

Jan 8, 1998 954-797-0079

CR2E034 (10/97)