


3-4-98 B-2807 C  
FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED  
Mar 04 1998 8:00am  
Secretary of State

|  |   |  |
|--|---|--|
| PROFIT<br>CORPORATION<br>ANNUAL REPORT<br>1998 |  | FLORIDA DEPARTMENT OF STATE<br>Sandra B. Mortham<br>Secretary of State<br>DIVISION OF CORPORATIONS |
|--|---|--|

DOCUMENT # P97000068800 (6)

1. Corporation Name  
R.F.R. III, INC.

Principal Place of Business  
3635 HOLLYWOOD BOULEVARD  
HOLLYWOOD FL 33021

Mailing Address  
3635 HOLLYWOOD BOULEVARD  
HOLLYWOOD FL 33021



DO NOT WRITE IN THIS SPACE

|  |  |   |  |  |  |
|--|--|---|--|--|--|
| 2. Principal Place of Business<br>21 1777 NE 163 St.<br>Suite, Apt. #, etc.<br>22 City & State<br>23 NMB, FL.<br>24 Zip 33162<br>25 Country DADE |  | 2a. Mailing Address<br>26 1777 NE 163 St.<br>Suite, Apt. #, etc.<br>27 City & State<br>28 NMB, FL.<br>29 Zip 33162<br>30 Country DADE |  | 3. Date Incorporated or Qualified<br>08/07/1997  |  |
| 4. FEI Number<br>65-0456456  |  | Applied For<br>Not Applicable   |  | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required   |  |
| 6. Election Campaign Financing<br>Trust Fund Contribution <input type="checkbox"/>   |  | 5.00 May Be Added to Fees   |  | 7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No |  |

|   |  |  |  |
|---|--|--|--|
| 9. Name and Address of Current Registered Agent<br>FLEISCHER, KEITH<br>3635 HOLLYWOOD BOULEVARD<br>HOLLYWOOD FL 33021 |  | 10. Name and Address of New Registered Agent<br>81 Name Keith Fleischer<br>82 Street Address (P.O. Box Number Is Not Acceptable)<br>1777 NE 163 St.<br>83<br>84 City N.M.B. FL 85 Zip Code 33162 |  |
|---|--|--|--|

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

|                            |  |   |  |
|----------------------------|--|---|--|
| 12. OFFICERS AND DIRECTORS |  | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |  |
| TITLE                      | 0 FLEISCHER, KEITH <input type="checkbox"/> DELETE | 1.1 TITLE   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | 3635 HOLLYWOOD BOULEVARD                           | 1.2 NAME  |  |
| STREET ADDRESS             | HOLLYWOOD FL 33021                                 | 1.3 STREET ADDRESS                                    | 1777 NE 163 St.  |
| CITY-ST-ZIP                |  | 1.4 CITY-ST-ZIP                                       | NMB, FL. 33162   |
| TITLE                      | <input type="checkbox"/> DELETE                    | 2.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       |  | 2.2 NAME  |  |
| STREET ADDRESS             |  | 2.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                |  | 2.4 CITY-ST-ZIP                                       |  |
| TITLE                      | <input type="checkbox"/> DELETE                    | 3.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       |  | 3.2 NAME  |  |
| STREET ADDRESS             |  | 3.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                |  | 3.4 CITY-ST-ZIP                                       |  |
| TITLE                      | <input type="checkbox"/> DELETE                    | 4.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       |  | 4.2 NAME  |  |
| STREET ADDRESS             |  | 4.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                |  | 4.4 CITY-ST-ZIP                                       |  |
| TITLE                      | <input type="checkbox"/> DELETE                    | 5.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       |  | 5.2 NAME  |  |
| STREET ADDRESS             |  | 5.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                |  | 5.4 CITY-ST-ZIP                                       |  |
| TITLE                      | <input type="checkbox"/> DELETE                    | 6.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       |  | 6.2 NAME  |  |
| STREET ADDRESS             |  | 6.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                |  | 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:

*Keith Fleischer*

1/29/1998 (305)945-3330

CR2E034 (10/97)