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 # P97000069525

1. Corporation Name

RFR GROUP, INC.

Principal Place of Business

Mailing Address

2121 W OAKLAND PARK BLVD #6

2121 W OAKLAND PARK BLVD #6

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

05-04-1999 90124 018 ***150.00



FT LAUDERDALI	E FL 33331	FT LAUDERDALE FL 33331			DO NOT WRITE IN THIS SPACE			
					3. Date Incorporated or Qualifed			
					08/11/1997			.]
2. Principal Pl	lace of Business	2a. Mailing Address			4. FEI Number		A	pplied For
21	•	26			65-0779047		N	ot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired		•	Additional
22 27					3. Cermone of Ordina Desired		Fee R	equired
City & State	e	City & State			6. Election Campaign Financing		•	May Be
23					Trust Fund Contribution		Added	to Fees
Zip	Country	Zip	_ Country		This corporation owes the current			<u>~</u> .
24	25	29 30	0		Personal Property Tax.		☐ Yes	⊴No
	9. Name and Address of Current	t Registered Agent		NI	10. Name and Address of New Re	gistered A	gent	
CALL	IEN DANIEL A		81	Name				
GALLIEN, DANIEL A 2121 W OAKLAND PARK BLVD #6 FT LAUDERDALE FL 33331				82 Street Address (P.O. Box Number is Not Acceptable)				
FIL	AUDENDALE FL 33331		83					
			84	City			85 Zip	Code
				_		<u> FL</u>	<u>]</u>	
11. Pursuant t	to the provisions of Sections 607.0502	2 and 607.1508, Florida Statutes	, the above	e-named cor	rporation submits this statement for the price board of directors. I hereby accept	urpose of c	hanging its ment as re	registered
oπice or re agent. I ai	egistered agent, or both, in the State of m familier with, and accept the obligat	ions of, Section 607.0505, Florid	a Statutes		tion's board of directors. I hereby accept	ше аррош	inom do m	ogiotorou
SIGNATURE						4/13	169	
SIGNATORE	Signature, typed or printed same of registered agen	t and title if applicable. (NOTE: Re	egistered Ager	t signature requi	ired when reinstating)	DATE*		
12.		D DIRECTORS	13.		ADDITIONS/CHANGES TO OFFI			
TITLE	D	☐ DELETE	1.1 TITLE	-			☐ Change	☐ Addition
NAME	GALLIEN, DOUGLAS		1.2 NAME	İ				
STREET ADDRESS	ss 2121 W OAKLAND PARK BLVD #6			ADDRESS				
CITY-ST-ZIP	1. 2			T-ZIP			a.	
TITLE	D	☐ DELETÉ	2.1 TITLE				Change	☐ Addition
NAME	GALLIEN, DANIEL		2.2 NAME					
STREET ADDRESS	2121 W OAKLAND PARK BLVD	<i>#</i> 6	2.3 STREE	FADDRESS				
CITY-ST-ZIP	FT LAUDERDALE FL 33331		2. 4 CITY- S	T-ZIP				
TITLE		☐ DELETE	3.1 TITLE				Change	☐ Addition
NAME			3.2 NAME					
STREET ADDRESS			3.3 STREE	ADDRESS				
CITY-ST-ZIP			3.4. CITY-5	T-ZIP				
TITLE		☐ DELETE	4.1 TITLE	1			☐ Change	☐ Addition
NAME			4. 2 NAME					
STREET ADDRESS			43 STREE	FADDRESS				
CITY-ST-ZIP			4 4 CITY-S	T-ZIP				
TITLE	- · · · 	☐ DELETE	5.1 TITLE				☐ Change	☐ Addition
NAME			5.2 NAME					
STREET ADDRESS			5.3 STREE	FADDRESS				
CITY-ST-ZIP			5.4 CITY-S	T-ZIP				
TITLE		☐ DELETE	6.1 TITLE	· -			☐ Change	☐ Addition
NAME			6.2 NAME					
STREET ADDRESS			6.3 STREE	TADDRESS				
CITY, ST. 7IP			6.4 CITY-S	T-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 on an attackment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date