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PROFIT CORPORATION **ANNUAL REPORT**



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998

DOCUMENT # P97000074812 (3)

R.B.L. ENTERPRISES OF PALM BEACH, INC.

Principal Place of Business 175 W. CAMINO REAL

Mailing Address

175 W. CAMINO REAL

FILED Apr 17 1998 8:00am Secretary of State



BOCA DATON FL 33432 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 08/27/1997 2. Principal Place of Business 2a. Mailing Address FEI Number Applied For 5460 LYONS RD SAME Not Applicable Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required City & State \$5.00 May Be 6. Election Campaign Financing 28 Trust Fund Contribution Added to Fees Country 8. This corporation owes or has paid the current year Intangible BROWARD Yes No. 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name PLATTER, WILLIAM L 175 W. CAMINO REAL 82 Street Address (P.O. Box Number is Not Acceptable) **BOCA RATON FL 33432** 83 Zip Code 84 City 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, typed or printed name of registered agent and title if epplicable. (NOTE: Registered Agent signature required when reinstating) CR2E034 (10/97 12, OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE TITLE Ō 1.1 TITLE Change Addition SAME AS ABOVE NAME LEHNERT, ROBERT B 1.2 NAME -8628 VIA REALE, STE: 23 STREET ADDRESS 1.3 STREET ADDRESS BOCA RATON FL 33406 CITY-ST-ZIP 1,4 CITY - ST - ZIP DELETE TITLE Change Addition 2 1 TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS 2. 4 CITY - ST - ZIP CITY-ST-ZIP DELETE TITLE 3.1 TITLE Change Addition 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition TITLE 41 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE ☐ Change TITLE Addition 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 6.4 CITY - ST - ZIP

14. Thereby 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 of 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 received 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 or an attaching on the corporation of the received or the received o