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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

Jan 30 1998 8:00am

Secretary of State

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9700079274 (1)

R & B BACKLINE, INC.

Principal Place of Business Mailing Address							
1841 PUTNEY CIR ORLANDO FL 32837 1841 PUTNEY CIR ORLANDO FL 32837					DO NOT WRITE IN THIS SPACE		
					3. Date Incorporated or Qualified		
A D-1-1-16	Name of Davidson				09/11/1997		
2. Principal Place of Business 21 1841 Putney Circle 26 1841 Putne			0.0	Α.	4. FEI Number 59-346-1175	Applied For	
21 84 (Suite, Apt.		26 1841 Putne Suite, Apt. #, etc.	y Ciri	cie		Not Applicable	
22 27			_		I. b. Cemicate of Status Desired III	5 Additional Required	
City & State City & State			ı		6. Election Campaign Financing \$5.0	00 May Be	
			lorid			ed to Fees	
Zip Zip	Country	Zp	Country		8. This corporation owes or has paid the current year		
24 528	2837 25 ORAnge 29 32837 30 C		30 ORA	nge_	Personal Property Tax due June 30. Yes No 10, Name and Address of New Registered Agent		
				Name	10. Name and Address of New Hegistered Agent		
SWIDER, ROMY 1841 PUTNEY CIR							
ORLANDO FL 32837			82	Street Ad-	dress (P.O. Box Number is Not Acceptable)		
			83				
			84	City	 [85] Z	ip Code	
				"	FL []	•	
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statules, 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							
12,	Signature, typed or printed name of registern	d agent and little if applicable (NOTE AND DIRECTORS	Hogistered Ag	ent signature req	juired when reinstating) DATE	000 111 40	
TITLE	P\$	DELETE	1.1 TOLE	T	ADDITIONS/CHANGES TO OFFICERS AND DIRECT		
NAME	LEWIS, WILLIAM A		1.2 NAME		the Change	,	
STREET ADDRESS	4044 DUTNEY OID			T AODRESS			
CITY-ST-ZIP	ORLANDO FL 32837		1,4 CHY-3	ST-ZIP			
TITLE	Vf	☐ DELETE	2.1 TITLE		Chang	e Addition	
NAME	SWIDER, ROMY		22 NAME				
STREET ADDRESS			2.3 STREE	T ADDRESS			
CITY-ST-ZIP	ORLANDO FL 32837		2. 4 CITY-	ST-ZIP			
TITLE		☐ DELETE	3.1 TITLE		☐ Chang	e Addition	
NAME	3.2		3.2 NAME				
STREET ADDRESS	3.3		3.3 STREE	F ADDRESS			
CITY-ST-ZIP			3.4 CITY-	ST - ZIP			
TITLE		☐ DELETE	4.1 TITLE		Chang	e 🗌 Addition	
NAME			4. 2 NAME			İ	
STREET ADDRESS			4.3 STREET	ADDRESS			
CITY-ST-ZIP		T policie	4.4 CiTY-ST-ZIP				
TITLE		DELETE	5 1 TITLE		☐ Chang	e 🔲 Addition	
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREET	4			
CITY-ST-ZIP		DELETE	5.4 CITY - S	ST-ZIP		a distance	
TITLE		☐ DELEIE	6.1 TITLE		☐ Changi	e Addition	
NAME DEDECT ADDRESS			6.2 NAME				
STREET ADDRESS			6.3 ŞTREET				
CITY-ST-ZIP			6.4 CITY - S	IT-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 cerporation of 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.