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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000083953 (4)

FILED Apr 17 1998 8:00am Secretary of State

RUMB	LE, INC.	, ,			
Principal Plac	ce of Business	Mailing Address		10011001 410 40211 10011 00411 00411 00411 00411	AR BURB TURBU BURB BURB BURB 🦠
2916 N. OCEAN BLVD. 2916 N. OCEAN BLVD.					
FORT LAUDERDALE FL FORT LAUDERDALE FL					
				DO NOT WRITE IN THIS	SPACE
1				3. Date Incorporated or Qualified	
2 Principal F	Place of Business	2a. Mailing Address		09/29/1997	
21 21	Tace of Examiness	26. Maining Address		4. FEI Number 6785664	Applied For
Suite, Apt.	. #. etc.	Suite, Apt. #, etc.	· /	63-010 2007	Not Applicable
22	•	27		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & Sta	le	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the cur	
24	25		10		Yes No
	9. Name and Address of Curren	t Registered Agent		10. Name and Address of New Registered	Agent
	CGOTTY, AMY		81 Name		
17021 N.E. SIXTH AVENUE			82 Street Addre	ess (P.O. Box Number is Not Acceptable)	
N.	MIAMI BEACH FL 33162		83		
			03		
			84 City	9 === 9	85 Zip Code
11. Purguent	to the provisions of Sections 607 050	2 and 607 1509. Florida Statulos	the chare comed acre	FL	
office or i	registered agent, or both, in the State	of Florida. Such change was au	thorized by the corporati	oration submits this statement for the purpose of ion's board of directors. I hereby accept the appropriate the submits of the purpose of the purpose of the submits of the	changing its registered ointment as registered
l .	am familiar with, and accept the obliga	ations of, Section 607.0505, Flori	da Statutes.		
SIGNATURE	Signature, typed or printed name of regulared ages	of and title if applicable (NOTE: (Registered Agent signature require	pd when reinstating) DATE	
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS AND	DIRECTORS IN 12
TITLE	SOVT	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	MCGROTTY, AMY		1.2 NAME];
STREET ADDRESS	17021 N.E. SIXTH AVENUE		1.3 STREET ADDRESS		
CITY-ST-ZIP	N. MIAMI BEACH FL 33162		1.4 CITY - ST - ZIP		
TITLE	MOODOTTV ALIV	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition ☐
NAME	MCGROTTY, AMY		2.2 NAME		
STREET ADDRESS	17021 N.E. SIXTH AVENUE N. MIAMI BEACH FL 33162		2.3 STREET ADDRESS		
CITY-ST-ZIP	M. MIAMI BEAUTI PL 33102	DELETE	2.4 CITY-ST-ZIP		
TITLE		☐ DELETE	3.1 1IILE		☐ Change ☐ Addition
NAME PTREET ADDRESS			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		☐ DELETE	3.4. CITY- ST- ZIP		Change Addition
NAME		D.C.C.C	4.1 TITLE 4.2 NAME		L Change L Addition
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		DELETE	5.1 TITLE	99-2-19-10-	Change Addition
NAME		.—	52 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 City-St-ZiP		
TITLE		☐ DELETE	6.1 TITLE		Change Addition
NAME			6.2 NAME		-
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY - ST - ZIP		
14. Thereby o	certify that the information supplied wit	h this filing does not qualify for t		Section 119.07(3)(i), Florida Statutes, I further cer	tify that the information

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 emplowered 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 attachment with an address.

ICHATURE. AND MY See the Process & 36,60 904 518-500