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

**PROFIT** CORPORATION ANNUAL REPORT

1998



## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

OCHMENT #

## **FILED** Mar 02 1998 8:00am Secretary of State

1. Corporation	R GROUP, INC.	00097708 (0)							
Principal Place of Business Mailing Address						1 18841001 1EB 18511 18811 MAIN 88111 83		1 10031 461	am mitt imdi
9935 A PAPAYA		9935 A PAPAYA							
BOYNTON BEACH FL 33435		BOYNTON BEACH FL 33435			}	DO NOT WRITE IN THIS SPACE			
						3. Date incorporated or Qualified 11/17/1997		<del></del>	
2. Principal Pl	ace of Business	2a. Mailing Address				4. FEI Number		AF	oplied For
21		26 Suite And the lea				45-079538			ot Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.				5. Certificate of Status Desired	□ <b>\$</b>	68.75 A	Additional
City & State		City & State				6. Election Campaign Financing			May Be
23		[28]				Trust Fund Contribution		Added t	
Zip	Country	Zip				8. This corporation owes or has paid the current year Intengible			
24	25			<u>ol</u>		Personal Property Tax due June 30. Yes No  10. Name and Address of New Registered Agent			
LIAI	9. Name and Address of Cur PERN, MARCIA	rent Hegistered Agent	81	Name		10. Name and Address of New He	gistered Age	m .	
						<del></del>			
	Lost Bridge Drive M Beach Gardens FL 334	10	82	Street	Addres	ddress (P.O. Box Number is Not Acceptable)			
• • • • • • • • • • • • • • • • • • • •			83	<del>                                     </del>					
			84	City		<del></del>	[6	5 7in (	Code
							FLI	1	
SIGNATURE						ation submits this statement for the is board of directors. I hereby acce		ment as	registered
Signature, typod or product name of registered agent and title if applicable. (NOTE  12. OFFICERS AND DIRECTORS			11t Registered Ac	ent signatur	re required t	when reinstating) ADDITIONS/CHANGES TO OFFICE	DATE CERS AND DIE	RECTOR	S IN 12
TITLE	Officenor	DELETE	1.1 TITLE		PA	SSIDENT	~	Change	Addition
NAME			1.2 NAME						1
STREET ADDRESS			1.3 STREE	T ADDRESS	992	RNARD MATOS			
City-ST-ZIP			1.4 CITY-	ST-ZIP	Ba	YNTON BEACH 713	3435		
TITLE		☐ DELETE 2			\		لا	Change	Addition
NAME			2.2 NAME						
STREET ADDRESS				2 3 STREET ADDRESS			. •		
CITY-ST-ZIP TITLE	DELETE			2 4 CITY-ST-ZIP 3.1 TITLE				Change	Addition
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STREET ADDRESS				3.3 STREET ADDRESS					ľ
CITY-ST-ZIP			3.4. CITY						
TITLE	☐ DELETE		4.1 TIFLE			······································		Change	Addition
NAME			4. 2 NAME						j
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NAME			. 5.2 NAME		Į				
STREET ADDRESS				T ADDRESS					İ
CITY-ST-ZIP TITLE		DELETE	5.4 CITY- 6.1 TITLE	SI-ZIP	<del> </del>			Change	Addition
NAME		L) otter	6.2 NAME					≁uau <b>l</b> lo	
STREET ADDRESS			1	T ADDRESS					1
CITY-ST-ZIP			6.4 CITY -						
	ertify that he information supplied	with this filing does not qualify			ed in Se	ction 119.07(3)(i), Florida Statutes. I	further certify	that the	information

invalve of the 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 of the conformation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in 13/1 charged, or on an attachment with an address.

Sd-329-0346