## 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 # P98000008982

1. Corporation Name

RBQ INC.

Mailing Address

4551 N.W. 26TH PLACE **BOCA RATON FL 33434** 

Principal Place of Business

4551 N.W. 26TH PLACE **BOCA RATON FL 33434** 

## **FILED** Jun 09, 1999 8:00 am Secretary of State

06-09-1999 90005 024 \*\*\*550.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed

						01/27/1998				
2. Principal Pl	ace of Business	2a. Mailing Address	s	,	<del></del>	4. FEI Number	73/9	Apr	olied For	
21 3/1/3	36 CLUB VILLA	ICRRACUZE 81736 C	LODVI	12	ALERA	#E 6)	0,77		: Applicable	
2. Principal Place of Business 21 3/736 ClyB VILLA TERRACES A1736 CLOB VI Suite, Apt. #, etc.  Suite, Apt. #, etc.						5. Certifcate of Status Des	sired 🗆	\$8.75 A		
27						3. Continuate of Cistor 200		Fee Rec	uired	
City & State City & State						6. Election Campaign Fina	ancing	\$5.00 1	Мау Ве	
23 BORA RATON, FL 28 BORA RATON Zip Country Zip Cou						Trust Fund Contribution	<u> </u>	Added to	Fees	
Zip Country Zip Cou						8. This corporation owes the	he current year li	ntangible		
24 334	33 25 USA	9 33433	30	715	A	Personal Property Tax.		¥Yes	□No	
		of Current Registered Agent				10. Name and Address of	New Registered	d Agent		
<u>.                                      </u>			81	Name						
QUACKENBUSH, RONALD 4551 N.W. 26TH PŁACE BOCA RATON FL 33434					82 Street Address (P.O. Box Number is Not Acceptable)					
					Street Address (F.O. Box Number is Not Acceptable)					
					83					
					84 City FL 85 Zip Code					
			لملب		tion or the state at a state and a		_ , ,	rogistored		
11, Pursuant	to the provisions of Sections	s 607.0502 and 607.1508, Florida the State of Florida. Such change	statutes, the a	above- ed by th	nameo corpo he corporatio	ration submits this statement n's board of directors. I hereby	y accept the app	ointment as reg	jistered	
agent. I ai	m familiar with, and accept t	the obligations of, Section 607.050	05, Florida Sta	tutés.	•					
SIGNATURE										
	Signature, typed or printed name of re		(NOTE: Registere	d Agent	signature required		DATE			
12.	OFFI	CERS AND DIRECTORS	13			ADDITIONS/CHANGES	TO OFFICERS A			
TITLE	D			TITLE	i			Change	☐ Addition	
NAME	QUACKENBUSH, RON.		1.2 1	NAME						
STREET ADDRESS	4551 N.W. 26TH PLAC	E	1.3 9	STREET	ADDRESS					
CITY-ST-ZIP	<b>BOCA RATON FL 3346</b>	<b>34</b>	1.4 (	CITY-ST-	ZIP					
TITLE	☐ DELETE 2.1			TITLE				Change	☐ Addition	
NAME			2.21	NAME						
STREET ADDRESS			2.3 9	STREET A	ADDRESS					
ì			2.4	CITY-ST-						
CITY-ST-ZIP TITLE				TITLE	- Lan			☐ Change	Addition	
				VAME						
NAME					ADDRESS					
STREET ADDRESS										
CITY-ST-ZIP		□ DEU		CITY-ST	- ZIP			Change	[ ] Addition	
TITLE				TITLE				- Similar		
NAME				NAME						
STREET ADDRESS			4.3 5	STREET A	ADDRESS					
CITY-ST-ZIP	· · · · · · · · · · · · · · · · · · ·			CITY-ST-	ZIP					
TITLE		☐ DELI		TITLE				Change	☐ Addition	
NAME				NAME						
STREET ADDRESS			5.3 \$	STREET A	ADDRESS					
CITY-ST-ZIP				CITY-ST-	ZIP					
TITLE		☐ DELI	ETE 6.11	TITLE			-	Change	☐ Addition	
NAME	İ		6.21	NAME	.					
STREET ADDRESS			6.3 9	STREET A	ADDRESS					
CITY-ST-ZIP			640	CITY-ST-	ZłP					
14   hereby c	ertify that the information su	upplied with this filing does not qui	alify for the ex	emotio	n stated in S	ection 119.07(3)(i), Florida Sta	atutes. I further c	ertify that the in	formation	
indicated	on this annual report or sup	plemental annual report is true an	id accurate an	d that i	my signature	shall have the same legal end	ect as il made un	ider oain, mai i	am an	
		r the receiver or trustee empower n an attachment with an address,				ed by Griapter bur, morida 3	terutes, and that	my name uppe	u	
									_	