PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Kathe Ine Harris

Secret ary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000042108

1. Corporation Name RLP ENTERPRISES, INC. Principal Place of Business 4925 CLEVELAND ST HOLLYWOOD HILLS FL 33021 Mailing Address 4925 CLEVELAND ST HOLLYWOOD HILLS FL 33021				DO NOT WRITE IN THIS SPACE 3. Date I corporated or Qualifed 05/07/1998				
2. Principal Place of Business	Principal Place of Business 2a. Mailing Address 26			4. FEI Number		<u> </u>	plied For Applicable	
Suite, Apt. #, etc. Suite, Apt. #, etc. 22 27				5. Certifcate of Status Desired		\$8.75 / Fee Re		
City & State			-	-6Election Campaign Financing Trust Fund Contribution		-\$5.00 Added		ļ —
Zip Country 24 25	2529		у	This corporation owes the cur Personal Property Tax.		☐ Yes	□No	
9. Name and Address of Current	Registered Agent	8		10. Name and Address of New	Register-id	Agent		1
POWELL, RICHARD DR.		*	1 Name					İ
4925 CLEVELAND ST HOLLYWOOD HILLS FL 33021		8	Street Aid	ress (P.O. Box Number is Not Accept	able)			ŀ
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			4 City		F.I	85 Zip ((:ode	
11. Pursuant to the provisions of Sections 607.050?	and 607 1508 Florida Statu	tes, the abo	ve-named cord	oration submits this statement for the	purpose of	changing its	registered	İ
Pursuant to the provisions of Sections 607.0502 office or registered agent, or buth, in the State of agent 1 am familiar with, and accept the obliga in SIGNATURE Signature, typed or printed number of registered agents.	Flonda, Such change was a ns of, Section 607.0505, Fo	orida Statute	y the corporations.	on's poard of directors. Thereby acceded when rematating i	DATE DATE		· · ·	á
12. OFFICERS AND		13.		ADDITIONS/CHANGES TO OF	FICERS AN			11/98
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			ST-ZIP			_		ĺ
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CITY-ST-ZIP		3.4 City.		<u>. </u>				l
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NAME			ET ADORESS				44	l
STREET ADDF ESS							2 .	

14. There by certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.(7(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report if true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an office or director of the corperation of the receives or distance amounted this report as required by Chapler 607, Florida Statutes; and that my pame appears in Block 12 or Block 13 if changed, oyon an attachment with an address with all other like empowered.

6.4 CITY-ST-ZIP

CITY-ST-ZIP

RICHARD L. POWELL MD

FILED Apr 27, 1999 8:00 am Secretary of State

04-27-1999 90098 015 ***150.00

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