


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

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

02-27-1999 90067 019 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS																																																																																																															
DOCUMENT # P98000048985 1. Corporation Name RLP MANAGEMENT COMPANY, INC.																																																																																																																			
Principal Place of Business 7100-39 FAIRWAY DRIVE UNIT 221-C PALM BEACH GARDENS FL 33418			Mailing Address 7100-39 FAIRWAY DRIVE UNIT 221-C PALM BEACH GARDENS FL 33418																																																																																																																
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country		3. Date Incorporated or Qualified 06/02/1998 4. FEI Number 22-3592346 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees 7. This corporation owes the current year intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No																																																																																																															
9. Name and Address of Current Registered Agent AMERILAWYER 343 ALMERIA AVENUE CORAL GABLES FL 33134			10. Name and Address of New Registered Agent 81 Name RICHARD L. PURNICK 82 Street Address (P.O. Box Number is Not Acceptable) 7100-39 FAIRWAY DRIVE #221-C 83 84 City PALM BEACH GARDENS FL 85 Zip Code 33418																																																																																																																
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, 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 <i>[Signature]</i> DATE 1/28/99																																																																																																																			
12. OFFICERS AND DIRECTORS <input type="checkbox"/> DELETE (NOTE: Registered Agent signature required when reappointing) <table border="1"> <tr> <td>TITLE</td> <td>PTD</td> <td><input type="checkbox"/> DELETE</td> </tr> <tr> <td>NAME</td> <td>PURNICK, RICHARD L</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>7100-39 FAIRWAY DRIVE</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>PALM BEACH GARDENS FL 33418</td> <td></td> </tr> <tr> <td>TITLE</td> <td>SVD</td> <td><input type="checkbox"/> DELETE</td> </tr> <tr> <td>NAME</td> <td>PURNICK, MARJORIE</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>7100-39 FAIRWAY DRIVE</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>PALM BEACH GARDENS FL 33418</td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/> DELETE</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/> DELETE</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/> DELETE</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>						TITLE	PTD	<input type="checkbox"/> DELETE	NAME	PURNICK, RICHARD L		STREET ADDRESS	7100-39 FAIRWAY DRIVE		CITY-ST-ZIP	PALM BEACH GARDENS FL 33418		TITLE	SVD	<input type="checkbox"/> DELETE	NAME	PURNICK, MARJORIE		STREET ADDRESS	7100-39 FAIRWAY DRIVE		CITY-ST-ZIP	PALM BEACH GARDENS FL 33418		TITLE		<input type="checkbox"/> DELETE	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		<input type="checkbox"/> DELETE	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		<input type="checkbox"/> DELETE	NAME			STREET ADDRESS			CITY-ST-ZIP			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 <table border="1"> <tr> <td>1.1 TITLE</td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>1.2 NAME</td> <td></td> </tr> <tr> <td>1.3 STREET ADDRESS</td> <td></td> </tr> <tr> <td>1.4 CITY-ST-ZIP</td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>2.1 TITLE</td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>2.2 NAME</td> <td></td> </tr> <tr> <td>2.3 STREET ADDRESS</td> <td></td> </tr> <tr> <td>2.4 CITY-ST-ZIP</td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>3.1 TITLE</td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>3.2 NAME</td> <td></td> </tr> <tr> <td>3.3 STREET ADDRESS</td> <td></td> </tr> <tr> <td>3.4 CITY-ST-ZIP</td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>4.1 TITLE</td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>4.2 NAME</td> <td></td> </tr> <tr> <td>4.3 STREET ADDRESS</td> <td></td> </tr> <tr> <td>4.4 CITY-ST-ZIP</td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>5.1 TITLE</td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>5.2 NAME</td> <td></td> </tr> <tr> <td>5.3 STREET ADDRESS</td> <td></td> </tr> <tr> <td>5.4 CITY-ST-ZIP</td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>6.1 TITLE</td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>6.2 NAME</td> <td></td> </tr> <tr> <td>6.3 STREET ADDRESS</td> <td></td> </tr> <tr> <td>6.4 CITY-ST-ZIP</td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> </table>		1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	1.2 NAME		1.3 STREET ADDRESS		1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	2.2 NAME		2.3 STREET ADDRESS		2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	3.2 NAME		3.3 STREET ADDRESS		3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	4.2 NAME		4.3 STREET ADDRESS		4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	5.2 NAME		5.3 STREET ADDRESS		5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	6.2 NAME		6.3 STREET ADDRESS		6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

REQUIRED *[Signature]* **RICHARD L. PURNICK** - 1/28/99 - 687-5100.

Date

Daytime Phone #

CR2E034 (11/98)