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

PROFIT CORPORATION ANNUAL REPORT

2000

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
00 MAY 18 AM 10:41

DOCUMENT # P98000051267

1 Corporation Name
RA-4 GARD ENTERPRISES of South Florida INC

Principal Place of Business | Mailing Address

DO NOT WRITE IN THIS SPACE

3 Date Incorporated or Qualified
1-21-98

2. Principal Place of Business
21 14237 US HWY 1

2a Mailing Address
26 SAME

4 FEI Number
65-0814601
Applied For
Not Applicable

Suite, Apt. #, etc.
22

Suite, Apt. #, etc.
27

5 Certificate of Status Desired ☐ $8.75 Additional Fee Required

City & State
23 JUNO BEACH

City & State
28 FL

6 Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

Zip
24 33408

Country
25

Zip
29

Country
30

8. This corporation owes the current year intangible Personal Property Tax. ☐ Yes ☑ No

9. Name and Address of Current Registered Agent

AMERILAWYER

10 Name and Address of New Registered Agent

81 Name: ROBERT J. GARDENER

82 Street Address (P.O. Box Number is Not Acceptable): 1036 SIENA OAKS CIR W

83

84 City: PBG FL 85 Zip Code: 33410

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: Robert J. Gardener
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12 OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
TITLE	PRES ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	RENALDI RUGGIERO	1.2 NAME	100003286311--9
STREET ADDRESS	107 SIENA OAKS CIR W	1.3 STREET ADDRESS	-05/13/00--01018--022
CITY-ST-ZIP	PBG FL 33410	1.4 CITY-ST-ZIP	****150.00 ****150.00
TITLE	VP ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	ROSEMARY GARDENER	2.2 NAME	
STREET ADDRESS	1036 SIENA OAKS CIR W	2.3 STREET ADDRESS	
CITY-ST-ZIP	PBG FL 33410	2.4 CITY-ST-ZIP	
TITLE	SECY ☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	ANNE RUGGIERO	3.2 NAME	
STREET ADDRESS	1032 SIENA OAKS CIR W	3.3 STREET ADDRESS	
CITY-ST-ZIP	PBG FL 33410	3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 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. 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: Rosemary Gardener 5/15/00 561-691-0077
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Daytime Phone #