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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State DIVISION OF CORPORATIONS Apr 07, 1999 8:00 am Secretary of State 04-07-1999 90026 048 \*\*\*150.00

FILED

1999

## DOCUMENT # P98000059787

RLH VENTURES, INC.

Principal Place of Business Mailing Address 690 FREELING DRIVE 690 FREELING DRIVE SARASOTA FL 34242 SARASOTA FL 34242 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 07/07/1998 4. FEI Number Applied For 2a. Mailing Address 2. Principal Place of Business 65-0849122 Not Applicable 26 21 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. .Certifcate of Status Desired  $\Pi_{a}$  : Fee Required 27 22 City & State 6. Election Campaign Financing \$5.00 May Be City & State Added to Fees Trust Fund Contribution 23 28 Country 8. This corporation owes the current year Intangible Žip Zip Country Yes □No Personal Property Tax. 30 24 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 HANAN, RUBIN L Street Address (P.O. Box Number is Not Acceptable) 82 690 FREELING DRIVE SARASOTA FL 34242 83 Zip Code 85 84 City 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. ☐ Change ☐ Addition DELETE 1,1 TITLE TITLE 1.2 NAME HANAN, RUBIN L NAME 1.3 STREET ADDRESS 690 FREELING DRIVE STREET ADDRESS SARASOTA FL 34242 1.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ DELETE Change 2.1 TITLE TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2.4 CITY-ST-ZIP CITY-ST-ZIP Addition Change □ DELETE 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition DELETE 4.1 TITLE TITLE 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition □ DELETE 5.1 TITLE TITLE 5.2 NAME

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 between an officer or director of the corporation or the receiver or trusted empoyared to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in other like empow Block 12 or Block 13 if changed, or on an

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

☐ DELETE

Change

Addition

CR2F034-(4:1/98)