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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000061345

1. Corporation Name

RHFM ENTERPRISES, INC.

Principal Place of Business Mailing Address						T 10011204 HB 10101 10144 00414 00411 00114 00145 0145
11091 N.W. 18TH COURT 11091 N.W. 18TH COURT						·
CORAL SPRINGS FL 33071 CORAL SPRINGS FL 33071						
						DO NOT WRITE IN THIS SPACE
						3. Date Incorporated or Qualifed 07/10/1998
2. Principal Place of Business 2a. Mailing Address						4. FEI Number Applied For
						65-085 010 Not Applicable
26 Suite, Apt. #, etc. Suite, Apt. #, etc.						_ \$8.75 Additional
22						5. Certifcate of Status Desired Fee Required
	City & State . City & State .			_		6. Election Campaign Financing \$5.00 May Be
23	28					Trust Fund Contribution Added to Fees
Zip	Country Zip Coun			itry		8. This corporation owes the current year Intangible
24	25	29 30)			Personal Property Tax. Yes No
	9. Name and Address of Current	Registered Agent		04	L N1	10. Name and Address of New Registered Agent
EILINGS INC					Name	
FILINGS, INC. 3732 N.W. 16TH STREET				82 Street Address (P.O. Box Number is Not Acceptable)		
FT. LAUDERDALE FL 33311-4132				83		
FILLAUDERDALE FE 300 11-4102				53		
			Ì	84 City		FL 85 Zip Code
CONTROL FOR FIRST ON A STATE OF THE STATE OF					nomed corn	
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 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 appoint agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.						on's board of directors. I hereby accept the appointment as registered
SIGNATURE						
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registe				\gent	it signature require	d when reinstating) DATE
12.	OFFICERS AND	D DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D D	DELETE	1.1 TITL			
NAME	KEISER, RICHARD ADDRESS 11091 N.W. 18TH COURT		1.2 NAME 1.3 STREET ADDRESS		FADDDECO	
00041 000W00 FL 00074		;	1.4 CITY-ST-ZIP			!
CITY-ST-ZIP	D	C7 DELETE	2.1 TITLE		1-ZIP	☐ Change ☐ Addition
NAME	U		2.2 NAME			
STREET ADDRESS	ALOGA MINE ACTIL COURT		2.3 STREET ADDRESS		ADDRESS	
CITY-ST-ZIP	COOK OPPINOR FL 20074		2.4 CITY-ST-ZIP		1	
TITLE			3.1 TITL		-	Change Addition
NAME			3.2 NAA	Æ		
STREET ADDRESS			3.3 STREET ADDRESS		ADDRESS	
CITY-ST-ZIP			3.4, CIT	3.4, CITY-ST-ZIP		
TITLE	☐ DELETE 4.1 T		4.1 TITE	4.1 TITLE		Change Addition
NAME			4. 2 NA	ME		+
STREET ADDRESS			4.3 STR	EET.	ADDRESS	
CITY-ST-ZIP			4.4 C/IT	Y-ST	r-zip	
TITLE		☐ DELETE	5.1 TITL			☐ Change ☐ Addition
NAME	•	!	5.2 NAA			
STREET ADDRESS					ADDRESS	
CITY-ST-ZIP			5.4 CIT		r-ziP	
πnLE			6.1 TITL	E	ŀ	☐ Change ☐ Addition

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 apachment with an address, with all other like empowered.

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

ature required

Daytime Phone #