


FILED
Mar 01, 1999 8:00 am
Secretary of State

03-01-1999 90143 015 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P98000061469
 1. Corporation Name
RB INSTITUTE, INC.

Principal Place of Business

 6250 PRESIDENTIAL COURT
 SUITE 102
 FT. MYERS FL 33919

Mailing Address

 6250 PRESIDENTIAL COURT
 SUITE 102
 FT. MYERS FL 33919


DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Preside Suite, Apt. #, etc. 2 City & State Myers, FL Zip 339 Country ee		2a. Mailing Address 26 6250 Presidential Court Suite, Apt. #, etc. 102 City & State Myers, FL Zip 339 Country ee		3. Date Incorporated or Qualified 07/10/1998	
22 2 City & State Myers, FL Zip 339 Country ee		27 2 City & State Myers, FL Zip 339 Country ee		4. FEI Number 59-3531363	
23 Myers, FL Zip 339 Country ee		28 Myers, FL Zip 339 Country ee		5. Certificate of Status Desired <input type="checkbox"/> \$3.75 Additional Fee Required	
24 339 ee		29 339 ee		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent BERRY, CHRISTINE R 6250 PRESIDENTIAL COURT SUITE 102 FT. MYERS FL 33919				8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
10. Name and Address of New Registered Agent 81 Name Christine R Berry 82 Street Address (P.O. Box Number is Not Acceptable) 83 220 Lakeview Dr 84 City Myers, FL 85 Zip Code 33917-3423				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 Christine R Berry DATE 1/8/99	

12. OFFICERS AND DIRECTORS TITLE President NAME Christine Robyn Berry STREET ADDRESS 220 Lakeview Dr CITY-ST-ZIP N Ft Myers, FL 33917-3423		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE None 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	
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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:

Christine R. Berry
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Christine R. Berry
President

1/8/99 **(441) 48-2363**
 Date Daytime Phone #

CR2E034 (11/98)