


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

FILED
Apr 13, 1999 8:00 am
Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P98000067497

1. Corporation Name
RH GAINESVILLE, INC.

Principal Place of Business 5405 CYPRESS CENTER DRIVE #280 320 TAMPA FL 33609	Mailing Address 5405 CYPRESS CENTER DRIVE #280 320 TAMPA FL 33609
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 5405 CYPRESS CENTER DRIVE Suite, Apt. #, etc. 22 320 City & State 23 TAMPA, FL Zip 24 33609		2a. Mailing Address 26 5405 CYPRESS CENTER DRIVE Suite, Apt. #, etc. 27 320 City & State 28 TAMPA, FL Zip 29 33609		3. Date Incorporated or Qualified 08/03/1998	
		4. FEI Number 59-3543935		Applied For Not Applicable	
		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required <input type="checkbox"/> \$5.00 May Be Added to Fees	
		6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/> \$5.00 May Be Added to Fees	
		8. This corporation owes the current year Intangible Personal Property Tax.		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

HOLCOMB, VICTOR W
415 SOUTH HYDE PARK AVENUE
TAMPA FL 33606

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	FL
83	
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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	RATH, FRED H	
STREET ADDRESS	5405 CYPRESS CENTER DRIVE #280	
CITY-ST-ZIP	TAMPA FL 33609	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HARPER, WILLIAM H	
STREET ADDRESS	1415 EAST 2ND AVENUE	
CITY-ST-ZIP	TAMPA FL 33605	
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

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	5405 CYPRESS CENTER DRIVE, SUITE 320
1.4 CITY-ST-ZIP	TAMPA, FL 33609
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	5405 CYPRESS CENTER DRIVE, SUITE 320
2.4 CITY-ST-ZIP	TAMPA, FL 33609
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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: [Signature] **SIGNATURE REQUIRED** 4/6/99 813-636-8860
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (11/98)