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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # DOOG

1. Corporation	RBER GROUP, INC.	U140U4						
Principal Place of Business Mailing Address						ABILL MOLLI LOUIT AIDO	1 70 711 WW111	ETET FOR
9138 NORTHWEST 20TH MANOR CORAL SPRINGS FL 33071 9138 NORTHWEST 20TH MANO CORAL SPRINGS FL 33071 CORAL SPRINGS FL 33071					DO NOT WEITE	IN THIS SPACE	_	
					3. Date Incorporated or Qualifed 08/27/1998	IN THIS SPACE	-	
2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number		Applied	d For
21	and the second of the second of the second	26		· .	65-0862356		Not Ap	oplicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired	l '	75 Addi	
22		27			5. Certificate of Status Desired	□ Fe	e Requir	ed
City & State	9	City & State			6. Election Campaign Financing	□ \$5	.00 ма	y Be
23		28			Trust Fund Contribution	□ Ad	ded to Fe	ees
Zip	Country	Zip	Coun	itry	8. This corporation owes the curren		_	/
24	25	29	30		Personal Property Tax.	∐ Yes	<u> </u>	No
	9. Name and Address of Current	Registered Agent		-21	10. Name and Address of New Re	gistered Agent		
4145	DU 4144ED			81 Name	wet SchWARTZ & AS	sor:		
AMERILAWYER 82					ress (P.O. Box Number is Not Acceptabl	eì.	201	
343 ALMERIA AVENUE				243	35 HOLLYWOOD BLUD.	Suite.	<u> 204</u>	
COR	AL GABLES FL 33134			83				
			-	84 City		 85	Zin Cod	
				HOLLY	₩00 <i>0</i>	FL ° ' .	Zip Code 3306	ŽO
office or reagent. I a	m familiar with, and accept the obligati	ISSOCIALLY, CPA	Jewe Statu	by the corporation test successful test succes	/) \	He appointment	as registe	ared
12.	OFFICERS ANI	D DIRECTORS	13.		ADDITIONS/CHANGES TO OFFI			
TITLE	PSD	☐ DELETE	1.1 TITS	Æ		☐ Cha	ange [☐ Addition
NAME	GERBER, SANFORD R		1.2 NA	WE .	•			Ì
STREET ADDRESS	9138 NORTHWEST 20TH MANO	OR .	1.3 STF	REET ADDRESS				
CITY-ST-ZIP	CORAL SPRINGS FL 33071		1.4 CIT	Y-ST-ZIP				
TITLE	VTD	☐ DELETE	2.1 111	Æ	· · · · · · · · · · · · · · · · · · ·	☐ Cha	ange [Addition
NAME	KAMBER, STUART I		2.2 NAJ	ME				
STREET ADDRESS	9138 NORTHWEST 20TH MANO	OR	2.3 STF	REET ADDRESS		. —		
CITY-ST-ZIP	CORAL SPRINGS FL 33071	·	2. 4 CIT	Y-ST-ZIP				
TITLE		☐ DELETE	3.1 TIT	E		☐ Cha	ange [☐ Addition
NAME			3.2 NA	ME				
STREET ADDRESS			3.3 STF	REET AODRESS				
CITY-ST-ZIP			3.4. CIT	Y-ST-ZIP				
TITLE		☐ DELETE	4.1 TITI			☐ Ch	ange	Addition
NAME			4. 2 NA		•	-		ļ
STREET ADDRESS			4.3 STF	REET ADDRESS				
CITY-ST-ZIP				Y-ST-ZIP				
TITLE		☐ DELETE	5.1 TITI			☐ Ch	ange (Addition
NAME			5.2 NA					
STREET ADDRESS			5.3 STF	REET ADDRESS		•		
CITY-ST-ZIP			5.4 CIT	Y-ST-ZIP				
TITLE		☐ DELETE	6.1 TITI	E		☐ Chi	ange	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 attachment with an address, with all other like empowered.

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

FILED Apr 14, 1999 8:00 am Secretary of State

04-14-1999 90038 012 ***150.00