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 # **P98000084243**1. Corporation Name

RRL, INC.

Mar 09, 1999 8:00 am Secretary of State

03-09-1999 90024 038 ***150.00



Principal Place of Business Mailing Address						- 1 MBH NAM (10 1910) (ANI) ENSY METH BANK BRIEF HAN AND A FIRST AND
181-3RD STREET WEST TIERRA VERDE FL 33716 181-3RD STREET WEST TIERRA VERDE FL 3371			-			DO NOT WRITE IN THIS SPACE
						3. Date Incorporated or Qualifed
						09/30/1998
Principal Place of Business 2a. Mailing Address						4. FEI Number Applied For
21 [81 3 ST. W. 26						Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.						5. Certificate of Status Desired \$8.75 Additional
22 TILRRA VERDE, FL 27						5. Certificate of Status Desired Fee Required
City & State City & State						6. Election Campaign Financing \$5.00 May Be
23 fl. 33715 4, S. 28					Trust Fund Contribution Added to Fees	
Zip	Country Zip Cou			ntry	1	8. This corporation owes the current year Intangible
24						Personal Property Tax.
9. Name and Address of Current Registered Agent 1 81 Name						10. Name and Address of New Registered Agent
7501	I CERACTIAN ID			81	Mairie	·
zeoli, sebastian jr 8413 jacaranda avenue				82	Street Addr	ress (P.O. Box Number is Not Acceptable)
SEMINOLE FL 33777-3619				83		
2EMINOTE LF 22111-2018			İ	63		•
ı				84	City	FL 85 Zip Code
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, Nobe or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)						
40	Signature, typed or printed name of registered age	ND DIRECTORS	(NOTE: Registered	Agen	nt signature required	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
12. TITLE	PRESIDENT / TREASURY			1E		Change ☐ Addition
NAME			1,2 NA			
					T ADDRESS	
CITY-ST-ZIP	TIERRA VERDE	E) 33715	1.4 Cf			
TITLE	JIRKEN VERYE	DELE			7-431	☐ Change ☐ Addition
NAME			2.2 NA			
STREET ADDRESS					T ADDRESS	,
CITY-ST-ZIP			2.4 CI		l l	
TITLE	-	☐ DELE				Change Addition
NAME			3.2 NA	ME		
STREET ADDRESS			33 ST	REET	T ADDRESS	
CITY-ST-ZIP			3.4, Cl	TY-S	ST-ZIP	
TITLE	1	☐ DELE	TE 4.1 TIT	LE		☐ Change ☐ Addition
NAME			4. 2 N/	4ME		
STREET ADDRESS			4.3 ST	REET	TADDRESS	
CITY-ST-ZIP			4 4 CIT	TY-S	T- ZIP	
TITLE		☐ DEFE	TE 5.1 Π1	LE	-	☐ Change ☐ Addition
NAME			5.2 NA	ME		
STREET ADDRESS			5.3 ST	REET	TADORESS	
CITY-ST-ZIP			5.4 C/T		T-ZIP	·
TITLE		☐ DELE	TE 6.1 TIT	ΊĒ		☐ Change ☐ Addition
NAME			6.2 NA	ME		
STREET ADDRESS			6.3 ST	REET	T ADDRESS	

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 of the eceiver 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 altrachment with an address, with all other like empowered. 86 33

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP