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

FILED May 07, 1999 8:00 am Secretary of State

05-07-1999 90106 005 ***150.00

DOCUMENT #	P98000095261
4 Comoration Name	

R & R INVESTMENTS OF ORLANDO, INC.

Principal Place of Business

Mailing Address

5000 W COLONIAL DRIVE ORLANDO FL 32808

5000 W COLONIAL DRIVE

ORLANDO FL 32808

OHEMBO TE SESSO			DO NOT WRITE IN THIS SPACE			
			 Date Incorporated or Qualified 11/12/1998 			
Principal Place of Business The Principal Place of Business	2a. Mailing Address		4. FEI Number 59-3541304	Applied For Not Applicable		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certifcate of Status Desired	\$8.75 Additional Fee Required		
City & State	City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees		
Zip Country 25	Zip Col	untry	This corporation owes the current year Personal Property Tax.	Intangible □ Yes □ No		
9. Name and Address of Cur	rrent Registered Agent		10. Name and Address of New Registere	ed Agent		
AMERILAWYER		81 Name				
343 ALMERIA AVENUE		82 Street Address (P.O. Box Number is Not Acceptable)				
CORAL GABLES FL 33134		83				
		84 City	_ F			
11. Pursuant to the provisions of Sections 607.	0502 and 607.1508, Florida Statutes, the a	above-named o	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

agent. ra	in fairfulat with, and accept the obligations of, economicon					
SIGNATURE	Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Rec	gistered Agent signature rec	guired when reinstating) DATE		
12.	ASSESSED AND DIDECTORS			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE		DELETE	1.1 TITLE	☐ Change	Addition	
NAME	CHOPRA, ROHIT		1.2 NAME			
STREET ADDRESS	5000 W COLONIAL DRIVE		1.3 STREET ADDRESS			
CITY-ST-ZIP	ORLANDO FL 32808		1.4 CITY-ST-ZIP			
TITLE		DELETE	2.1 TITLE	☐ Change	☐ Addition	
NAME			2.2 NAME			
STREET ADDRESS			2.3 STREET ADDRESS			
CITY-ST-ZIP			2. 4 CITY-ST-ZIP		<u> </u>	
TITLE		DELETE	3.1 TITLE	☐ Change	_	
NAME			3.2 NAME			
STREET ADDRESS			3.3 STREET ADDRESS			
CITY-ST-ZIP	_		3.4. CITY-ST-ZIP			
TITLE		DELETE	4.1 TITLE	☐ Change	☐ Addition	
NAME			4. 2 NAME			
STREET ADORESS			4.3 STREET ADDRESS			
CITY-ST-ZIP			4.4 CITY-ST-ZIP			
TITLE		DELETE	5.1 TITLE	Change	☐ Addition	
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET ADDRESS			
CITY-ST-ZIP			5.4 CITY-ST-ZIP			
TITLE		DELETE	6.1 TITLE	Change	Addition :	
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET ADDRESS			
CITY-ST-ZIP			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:

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