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 Mar 29, 1999 8:00 am Secretary of State

03-29-1999 90008 004 ***150.00

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DOCUMENT#	P98000096443
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1. Corporation Name

R&BC	LEANING SERVI	CE, INC.	: <u>.</u>	 -		-		- 				
* * * *								 	8) (8) (8) (8)			
Principal Place			Mailing Address				İ					
1583 OAK VILL LARGO EL 227	583 OAK VILLAGE D R. :1 589 OAK VILLAGE D R. ARGO FL 22770: LARGO FL 22770:											
CHRONIA OF SALE			Callings to street	_				DO NOT WRIT	E IN THIS	SPACE		
				-				3. Date Incorporated or Qualifed				1
								11/12/1998				1
	lace of Business	r 211	2a. Mailing Addr	ess 1		(=	21	4. FEI Number		1-3	plied For]
21 3700						<u>Ј Г-</u>	24				t Applicable	4
Suite; Apt.	#, etc.		Suite, Apt. #,	etc.				5. Certifcate of Status Desired		\$8.75 A		
22	·-		27 City & State									1
	ty & some THE RESOURCE THE City & State City & State City & State THE STATE RESOURCE					7/	'	Election Campaign Financing Trust Fund Contribution		\$5.00 Added t		
					untry	, , _		8. This corporation owes the curre	ent vear Inta		01000	1
24 33'	713 [25]	2	29 3371	3 30				Personal Property Tax.	your	Yes	□No	
	••	lress of Curren	t Registered Agent		.[10. Name and Address of New R	egistered /	Agent		1
			3. 11. market 17		81	Name						
	N, NORMA				82	Street A	Addres	ss (P.O. Box Number is Not Accepta	ble)	·		1
	DREW ST.	- ·										
CLE	ARWATER FL 3375	5			83							-
					84	City				85 Zip (Code	1
					-	1			F <u>L</u>	1 1]
office or r	to the provisions of Se registered agent, or bo im familiar with, and a	ith, in the State	of Florida. Such chan	ae was authorize	ea ov	the corpo	corpor cration	ation submits this statement for the 's board of directors. I hereby accep	purpose or t the appoir	cnanging its ntment as re	registered gistered	
SIGNATURE	-								D. 175			Ι.
40	Signature, typed or printed na		nt end title if applicable. ID DIRECTORS	(NOTE: Registere		nt signature re	equired v	ADDITIONS/CHANGES TO OFF	DATE	D DIRECTO	RS IN 12	8
12.	D	OFFICERS AN			TITLE			ADDITIONS/CHANGES TO OFF	ICERS AIR	Change	Addition	1 5
NAME	RHODES, ALZON	ΙΔ Τ	A		NAME						_	}
STREET ADDRESS	1583 OAK VILLAG				STREET ADDRESS							8
CITY-ST-ZIP	1 ARGO EL 33770			14	CITY-S							8
TITLE	M:04451	11) Y	Rhodes Do	ELETE 2.1	TITLE	<u></u>	OR	65 DENT.		Change	Addition	۶
NAME	MICHAEL	W · #	~,.000S	34 22	NAME		,					
STREET ADDRESS	3700 96	A AVE	<i>N</i> . <i>F</i> = 3	2.3	STREE	T ADDRESS						
CITY-ST-ZIP	ST Peters	burg	F1 3371	2.4	спу-я	ST-ZIP					***	1
TITLE		()			TITI.E					☐ Change	☐ Addition	
NAME		•		3.2	NAME							
STREET ADDRESS	i			3.3	STREE	T ADDRESS						
CITY-ST-ZIP					CITY-S	ST-ZIP		****				-
TITLE	1		□ DI		TITLE					☐ Change	☐ Addition	
NAME				4.2	NAME			~				
STREET ADDRESS						TADDRESS						
CITY-ST-ZIP					CITY-S	T-ZIP				Channe	□ Addition	1
TITLE			∐ DI		TITLE			•	~	Change	☐ Addition	
NAME.					NAME etoce	TADODECC						
STREET ADDRESS						TADDRESS						
CITY-ST-ZIP					CITY-S	1-ZIP				☐ Change	☐ Addition	1
TITLE			□ U I		NAME							
NAME						TADDRESS						
STREET ADDRESS	1			0.3	UNCE	י יייייייייייייייייייייייייייייייייייי						1

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.

Daytime Phone #