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 # P98000101781

FILED Apr 22, 1999 8:00 am Secretary of State

04-22-1999 90193 041 ***150.00

r. Corporation								
RRSR, II	NC.							
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Principal Place of Business Mailing Address						[18] 18](19 0]	(810) (10) (49)	
5100 ROTHSCH	ILD DRIVE	5100 ROTHSCHILD DRIV	E					
CORAL SPRINGS FL 33067 , CORAL SPRINGS FL 33067								
[DO NOT WRITE IN THIS	SPACE		
ĺ		•			3. Date incorporated or Qualifed			
					12/03/1998			
⊢ ¬ '	Place of Business	2a. Mailing Address			4. FEI Number		pplied For	
21		26			65-0880986		ot Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired		Additional		
22		27				equired		
City & Sta	ite	City & State			6. Election Campaign Financing Trust Fund Contribution		May Be to Fees	
Zip ~	Country	Zip	Country		8. This corporation owes the current year Int	angible		
24	25	29	30		Personal Property Tax.	Yes	X No	
	9. Name and Address of Curren	t Registered Agent			10. Name and Address of New Registered	Agent		
DIOC	- 010114DD D 1D		81 N	lame				
RICE, RICHARD R JR				treet Addre	ss (P.O. Box Number is Not Acceptable)			
5100 ROTHSCHILD DRIVE					oo (i .o. oox raamoo to riot raachaale)			
COR	AL SPRINGS FL 33067		83					
			84 C	City		85 Zip	Code	
					<u> </u>	<u> </u>		
. 11. Pursuani	t to the provisions of Sections 607.0502 registered agent, or both, in the State of	2 and 607.1508, Florida Sta of Florida. Such change wa	itutes, the above-na s authorized by the	amed corpo	ration submits this statement for the purpose of	changing its ntment as re	; registered agistered	
🚟 'ägent. I a	am familiar with, and accept the obligat	ions of, Section 607.0505,	Florida Statutes.	00. p = 1 = 11 = 11	's board of directors. I hereby accept the appoin		3	
SIGNATURE					·			
40	· · · · · · · · · · · · · · · · · · ·		OTE: Registered Agent sign	nature required				
12.	OFFICERS ANI		13.		ADDITIONS/CHANGES TO OFFICERS AN			
TITLE .		☐ DELETE			/D	Change	Addition	
NAME			1.2 NAME		ichard R. Rice, Jr.			
STREET ADDRESS			1.3 STREET ADD		100 Rothschild Drive			
CITY-ST-ZIP	-			C	oral Springs, FL 330	6.7		
TITLE	☐ DELETE		2.1 TITLE	l s	/T/D	☐ Change	Addition	
NAME			2.2 NAME	S	heila G. Rice			
STREET ADDRESS	3		2.3 STREET ADO	1	100 Rothschild Drive			
CITY-ST-ZIP			2. 4 CITY-ST-ZI		oral Springs, FL 330	16.7		
TITLE		☐ DELETE	3.1 TITLE		ordi bpringo, rb ood	Change	☐ Addition	
NAME	İ		3.2 NAME					
STREET ADDRESS			3.3 STREET ADD	DRESS				
CITY-ST-ZIP	1		3.4. CITY-ST-ZJI	,	•			
TITLE		_ DELETE		-		Change	☐ Addition	
NAME	}		4. 2 NAME	-	•			
STREET ADDRESS								
			4.3 STREET ADD	DRESS				
CITY-ST-7IP			4.3 STREET ADD					
CITY-ST-ZIP		☐ DELETE	4.4 CITY-ST-ZIP			Change	☐ Addition	
TITLE		☐ DELETE	4.4 CITY-ST-ZIP 5.1 TITLE			☐ Change	☐ Addition	
TITLE NAME		☐ DELETE	4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME	> <u> </u>		☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS		☐ DELETE	4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADD	DRESS		☐ Change	☐ Addition	
TITLE NAME		☐ DELETE	4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME	DRESS		☐ Change	☐ 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 suppliemental 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.

6.4 CITY-ST-ZIP

6.2 NAME

6.3 STREET ADDRESS

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

954-755-4371 EO(Richard R. Rice, Jr.