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

PROFIT CORPORATION ANNUAL REPORT

1007



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

	1331								
	MENT # \$71919	9 (2)							
R. F. SE	EVEN ENTERPRISES, INC.								
Principal Place of Business Mailing Address									
11604 TIMBERS BOCA RATON			11804 TIMBERS WAY BOCA RATON FL 33428-5561						
						3. Date Incorporated or Qualified 08/06/1991	1	e of Last Re	eport
<u> </u>	lace of Business	2a. Mailing Address			4. FEI Number			plied For	
Suite, Apt	# elc	Suite, Apt. #, etc.			65-0279125 Not Applicable \$8.75 Additional				
22	., 010.	27			6, Certificate of Status Desired Fee Required				
City & State	8	City & State			Election Campaign Financing Trust Fund Contribution		\$5.00 Added t		
Zip	Country	Zip	Cou	intry	/	8. This corporation has liability for			199.032,
24	25	29	30	·	······································	Florida Statutes 10. Name and Address of New Re		No	
	9. Name and Address of Curre	nt Registered Agent		81	Name	10. Name and Address of New He	gistered A	gent	
	EDMAN, CYNTHIA								
11604 TIMBERS WAY BOCA RATON FL 33428				82	Street Add	Address (P.O. Box Number is Not Acceptable)			
500	N INIOIT I E GOTEO			83					
				84	0:4:				~
					""		FL	85 Zip (
office or r agent I a			was authorize 5, Florida Sta	d by tutes	y the corpora s.	poration submits this statement for the tion's board of directors. I hereby acce		intment as	registered
46	Signature, typed or printed name of registered at	gent and title if applicable ND DIRECTORS	···	d Age	ent signature requ	ired when reinstating) ADDITIONS/CHANGES TO OFFI	DATE CEDS AND	DIDECTOR	C (b) 40
TILLE	D OFFICENS AI	DELETE	13.	3LE	—————	ADDITIONS/CHANGES TO OFFI		Change	Addition
NAME	FREEDMAN, CYNTHIA		1.2 N						
STREET AUDRESS	11804 TIMBERS WAY		1.3 \$	TAEET	ADORESS				
CITY - ST - ZIP	BOCA RATON FL			ITY-S	ST-ZIP				
THLE		DELETE	2.1 Ti	TLE				Change	Addition
NAME			2.2 N	AME					
STREET ADDRESS					ADDRESS				
CITY-ST-ZIP TITLE		DELETE			ST-ZIP			Change	Addition
NAME			3.1 N				,		
STREET ADDRESS			1		ADDRESS				
CITY-S1-ZIP					ST-ZIP				
TITLE		☐ DELETE	4.1 10	TL€				Change	☐ Addition
NAME			4.21	AME	Į.				ļ
STREET ADDRESS			4.3 \$	TREET	ADDRESS				İ
CITY - S1 - ZIP	· — — — — — — — — — — — — — — — — — — —	T 52: 22			61 - ZIP			70	12.00
TITLE		☐ DELETE				e e	ı	Change	Addition
NAME DIRECT LIBRORIES			5.2 N		LIDDOGGG				
STREET ADDRESS					ADDRESS				
CITY-ST-ZIP TITLE		DELETE			ST-ZIP			Change	Addition
NAME			6.2 N		-	•	•		
STREET ADDRESS					T ADDRESS	•			
Track Contract Of			0.55						

6.4 CITY-S1-ZIP

14. I do 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.

SIGNATURE

INTERIOR TYPED OR PRINTED HAME OF SIGNING OFFICER OF CHE

Con ynthia Freedman 3

//23/97 561-487-3071

May 07 1997 8:00am

Secretary of State

2E034 (9/96)