

# FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION  
ANNUAL REPORT  
1995**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS**

95 FEB -8 AM 8:35

**DOCUMENT # V06820**

**(7)**

1. Corporation Name

RNF II, INC.

Principal Place of Business

4461 N FEDERAL HWY  
OAKLAND PARK FL 33308

Mailing Address

4461 N FEDERAL HWY  
OAKLAND PARK FL 33308

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

01/13/1992

3a. Date of Last Report

04/29/1994

4. FEI Number

65-0308596

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under S. 199.032,  
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

9. Name and Address of Current Registered Agent

TATE, CHARLES F 111  
4461 N. FEDERAL HWY.  
OAKLAND PARK FL 33308

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

|                |                       |
|----------------|-----------------------|
| TITLE          | PD                    |
| NAME           | TATE, CHARLES F 111   |
| STREET ADDRESS | 4461 N. FEDERAL HWY.  |
| CITY-ST-ZIP    | OAKLAND PARK FL 33308 |
| TITLE          | <del>MD</del>         |
| NAME           | STEIN, KENNETH R      |
| STREET ADDRESS | 4461 N. FEDERAL HWY.  |
| CITY-ST-ZIP    | OAKLAND PARK FL 33308 |
| TITLE          | <del>MD</del>         |
| NAME           | BACHOW, TERRY B       |
| STREET ADDRESS | 4461 N. FEDERAL HWY.  |
| CITY-ST-ZIP    | OAKLAND PARK FL 33308 |
| TITLE          | SD                    |
| NAME           | MEDINA, ABDON J       |
| STREET ADDRESS | 4461 N. FEDERAL HWY.  |
| CITY-ST-ZIP    | OAKLAND PARK FL 33308 |
| TITLE          | <del>MD</del>         |
| NAME           | STEIN, KENNETH R- MD  |
| STREET ADDRESS | 4461 N. FEDERAL HWY   |
| CITY-ST-ZIP    | OAKLAND PARK FL       |
| TITLE          | <del>MD</del>         |
| NAME           | BACHOW, TERRY B- MD   |
| STREET ADDRESS | 4461 N. FEDERAL HWY   |
| CITY-ST-ZIP    | OAKLAND PARK FL       |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                    |                                                                              |
|--------------------|------------------------------------------------------------------------------|
| 1.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 1.2 NAME           |                                                                              |
| 1.3 STREET ADDRESS |                                                                              |
| 1.4 CITY-ST-ZIP    |                                                                              |
| 2.1 TITLE          | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME           | TD                                                                           |
| 2.3 STREET ADDRESS |                                                                              |
| 2.4 CITY-ST-ZIP    |                                                                              |
| 3.1 TITLE          | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME           | VPD                                                                          |
| 3.3 STREET ADDRESS |                                                                              |
| 3.4 CITY-ST-ZIP    |                                                                              |
| 4.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 4.2 NAME           |                                                                              |
| 4.3 STREET ADDRESS |                                                                              |
| 4.4 CITY-ST-ZIP    |                                                                              |
| 5.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 5.2 NAME           |                                                                              |
| 5.3 STREET ADDRESS |                                                                              |
| 5.4 CITY-ST-ZIP    |                                                                              |
| 6.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 6.2 NAME           |                                                                              |
| 6.3 STREET ADDRESS |                                                                              |
| 6.4 CITY-ST-ZIP    |                                                                              |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information included on this annual report or any other 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 holder of trust powers or a person authorized to execute this report as required by Chapter 007, Florida Statutes; and that my name appears in Block 12 or Block 13. If changed, or on an attachment with this filing.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CHARLES F. TATE JR.

2/1/95

305-192-8151

RNF II, INC.

- 1) VPD  
Bettenhausen, Richard L.  
4461 N. Federal Highway  
Oakland Park, FL 33308
- 2) VPD  
Wilkov, Howard R.  
4461 N. Federal Highway  
Oakland Park, FL 33308
- 3) VPD  
Gardiner, Hugh F.  
4461 N. Federal Highway  
Oakland Park, FL 33308
- 4) VPD  
Baker III, Richard T.  
4461 N. Federal Highway  
Oakland Park, FL 33308