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 # NO

<u> </u>				
Principal Place of Business	Mailing Address			
10026 SPANISH ISLES BLVD B-8	10026 SPANISH ISLES BLVD 8-8			
BOCA RATON FL 33498	BOCA RATON FL 33498			
	US			

FILED May 03, 1999 8:00 am Secretary of State

05-03-1999 90050 025 ***150.00

1. Corporation	Name 7 V0326	1					
R & R SI	ERVICES, INC.					-	
Principal Place of Business Mailing Address					- I TOUTH DIVERS CHANGE INTO ANGLE AND	DEBAL DIGIL BEBAL DI	IDII BIBII IBDI
10026 SPANISH ISLES BLVD B-8 BOCA RATON FL 33498 BOCA RATON FL 33498			D 8-8				
					DO NOT WRITE IN THIS SPACE		
		US			3. Date Incorporated or Qualifed	3 SFACE	
	•				09/11/1992		
A Dringing Di	tace of Business .	2a. Mailing Address			4. FEI Number	Apr	plied For
2, Principal Pi 21	IACH UI BUSINESS .	26			65-0355312) ''	t Applicable
	Suite, Apt. #, etc. Suite, Apt. #, etc.				_	\$8.75 A	1
22 27				-	5. Certificate of Status Desired	Fee Re	quired
City & State		City & State			6. Election Campaign Financing	\$5.00	
23		28			Trust Fund Contribution	Added to	o Fees
Zip	Country	Zip	Country		8. This corporation owes the current year In		□No
24	25	29 3	0		Personal Property Tax. 10. Name and Address of New Registered		_140
	9. Name and Address of Curre	ent Registered Agent	81	Name	10. Name and Address of New Registers	1 Agoin	
RHS	SO, EDWARD J. II		Ľ				
	6 SPANISH ISLES BLVD		82	Street Addr	ress (P.O. Box Number is Not Acceptable)		
	E B-8		83				
	A RATON FL 33498					85 Zip C))
			84	City		L 85 Zip (ode
11- Pursuant	to the provisions of Sections 607.05	502 and 607.1508, Florida Statutes	the abov	e-named corp	poration submits this statement for the purpose on's board of directors. I hereby accept the app	of changing its	registered
office or re	egistered agent, or both, in the Stat m familiar with, and accept the oblig	e of Florida. Such change was autitations of Section 607,0505. Florid	horized by ta Statutes	the corporation	on's board of directors. I hereby accept the app	ontment as ref	gistered
	III lamilla with bird doopt the con-	gottono on account of the				•	l
SIGNATURE	Signature, typed or printed name of registered a	gent and title if applicable. (NOTE: R	Registered Age	nt signature require	ed when reinstating) DATE		
12.		AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO Change	RS IN 12
TITLE	DV	☐ DELETE 1.11				[_] Onlinge	
NAME	RUSSO, EDWARD J		1.2 NAME				1
STREET ADDRESS	1000 1111			T ADDRESS			
CITY-ST-ZIP	TAMARAC FL			T-ZIP		[*] Change	Addition
TITLE !	DT DISCO DOMEST						_
NAME	RUSSO, DONNA L		2.2 NAME	T ADDRESS			
STREET ADDRESS	17107 84TH CT N LOXAHATCHEE FL	101 04111,01 11		ST-ZIP		W 5 1	
CITY-ST-ZIP	DP	☐ DELETE 3.1T				Change	☐ Addition
NAME	RUSSO, EDWARD J II		3.2 NAME]
STREET ADDRESS			3.3 STREE	T ADDRESS			ļ
CITY-ST-ZIP			3.4 CITY-	ST-ZIP			
TITLE	EU/VIII OI IEM II E	☐ DELETE	4.1 TITLE			Change	☐ Addition]
NAME			4. 2 NAME				}
STREET ADDRESS			4.3 STREE	TADORESS			
CITY-ST-ZIP	,		4.4 CITY-S	T-ZIP		<u> </u>	
TITLE		☐ DELETE	5.1 TITLE			Change	Addition
NAME			5.2 NAME		•		ļ
STREET ADDRESS	,			TADORESS			
CITY-ST-ZIP	-51-ZF		5.4 CITY-S 6.1 TITLE	11-ZIP		Change	Addition
TITLE		☐ DELETE	6.2 NAME			LJ 71141190	
NAME				TANNRESS]
STREET ADDRESS			0.3 STREE	TADORESS			Í

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. CITY-ST-ZIP