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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

Corporation Name  R2R CONSULTING CORPORATIO  Principal Place of Business  1301 BEVILLE RD APT 21 DAYTONA BCH FL 32119 US  Principal Place of Business  4016 South Nova Road Suite, Apt. #, etc. F City & State PORF ORANGE, FL Zip Country 3 2 1 2 7 25 US A	Mailing Address  1301 BEVILLE RD APT 21 DATTONA BCH FL: US  2a. Mailing Address 26 4016 Souri Suite, Apt. #, etc. 27 City & State 28 POAFORAM		3. Date Incorporated or Qualified 02/18/1992 4. FEI Number 59-3107331 5. Certificate of Status Desired	3a. Date of Last Report 03/13/1995 Applied For Not Applicab
1301 BEVILLE RD APT 21 DAYTONA BCH FL 32119 US Principal Place of Business 4016 South Nova Road Suite, Apt. #, etc.  City & State PORF ORANGE, FL Zip Country	Mailing Address  1301 BEVILLE RD APT 21 DAYTONA BCH FL: US  2a. Mailing Address 26 4016 Soura Suite, Apt. #, etc. 27 City & State 28 POAFORAM		3. Date Incorporated or Qualified 02/18/1992 4. FEI Number 59-3107331	3a. Date of Last Report 03/13/1995 Applied For
1301 BEVILLE RD APT 21 DAYTONA BCH FL 32119 US  Principal Place of Business  #OIL SOUTH NOVA ROAD Suite, Apt. #, etc.  City & State PORF ORANGE, FL Zip Country	1301 BEVILLE RD APT 21 DAYTONA BCH FL: US  2a. Mailing Address 26 4016 Sourd Suite, Apt. #, etc. 27 City & State 28 PORFORAM		3. Date Incorporated or Qualified 02/18/1992 4. FEI Number 59-3107331	3a. Date of Last Report 03/13/1995 Applied For
APT 21 DAYTONA BCH FL 32119 US  Principal Place of Business  4016 South Nova Road Suite, Apt. #, etc.  City & State  PORT ORANGE, FL  Zip Country	APT 21 DAYTONA BCH FL : US  2a. Mailing Address 26 4010 Sour Suite, Apt. #, etc. 27 F. City & State 28 PORFORAM		02/18/1992 4. FEI Number 59-3107331	03/13/1995 Applied For
Principal Place of Business  4016 South Nova Road  Suite, Apt. #, etc.  City & State  PORT ORMUE, FL  Zip  Country	2a. Mailing Address 26 40/4 Souri Suite, Apt. #, etc. 27 City & State 28 POAF OR AN	NOVA ROAD	02/18/1992 4. FEI Number 59-3107331	03/13/1995 Applied For
Suite, Apt. #, etc.  City & State  PORF ORANGE, FL  Zip  Country	26 40/6 Sours Suite, Apt. #, etc. 27 City & State 28 POAF ORAN	NOVA ROAD	4. FEI Number 59-3107331	Applied For
City & State PORF ORANGE, FL Zip Country	Suite, Apt. #, etc.  27 F City & State 28 PORFORM			Not Applicat
PORT ORANGE, FL.	City & State 28 PORFORM			\$8.75 Additional
	28 MAFORM		6. Election Campaign Financing	Fee Required
	Zip	Gountry ,	Trust Fund Contribution	\$5.00 May Be Added to Fees
9. Name and Address of Current F	29 32/27	30 US A	8. This corporation has liability for in Florida Statutes   ✓ Yes  10. Name and Address of New Re	□No
VINUED BIOLIAND 41		81 Name		Sgiotered Agent
YUNKER, RICHARD M. 1301 BEVILLE RD		82 Street Addre	ess (P.O. Box Number is Not Acceptable 8047 NOVA ROAD	# <i>F</i>
APT 21		83	TOUTH MOUNT ROND,	<u> </u>
BAYTONA BCH FL 32119		84 City	ORANGE.	85 Zip Code
Pursuant to the provisions of Sections 607,0502 ar or registered agent, or both in the State of Florida familiar with and acquipt the chiligations in Section	nd 607.1508, Florida Statute	s, the above-named corpora	ation submits this statement for the num	FL 32/27
familiar with and asoupt the obligations ; Section	607,0505, Florida Statutes.	d by the corporation's board	d of directors. I hereby accopt the applo	intment as registered agent. I am
a ore, gitteer printed hands of gistered agent and	M RICHARD M.	JUNKEL JAE. F. Registered Agent signature respires t	SIDENT 3/	29/96
OFFICERS AND D	DIRECTORS	13.	ADDITIONS/CHANGES TO OFFIC	CERS AND DIRECTORS IN 12
PVS YUNKER, RICHARD M.	☐ DELETE	1. 1 TITLE		Change Addition
2248 DOSTER DR		1.2 NAME 1.3 STREET ADDRESS 40	14 SOUTH NOVA ROAD.	# #
-SF-ZIF NEW SMYRNA BEACH FL			AT ORANGE, FL 321	
TD YINKER BICHARD M	DELETE	2 1 TITLE		Change Addition
YUNKER, RICHARD M. 2248 DOSTER DR		2.2 NAME	LL SAWTH NAMA ROAD	# F
NEW SMYRNA BEACH FL		2.3 STREET ADDRESS 40 2.4 City-St-7/P	16 SOUTH NOVE ROAD, AT ORANGE, FL 3212	, · · · · · · · · · · · · · · · · · · ·
	☐ DELETE	3 1 1:ILE		Change Addition
E		3 2 NAME		
ET ANDRESS - ST- ZID'		33 STREET ADDRESS		
	DELETE	3.4 City - St - ZiP 4.1 Title		
t e		4.2 NAME		☐ Change ☐ Addition
ET ADDRESS		4.3 STREET ADORESS		
-S1 - 70P		4.4 CITY - ST - ZIP		
	☐ DEFEIF	5 1 THILE		Change Addition
T AUDRESS		5.2 NAME		
ST-Z <sub>i</sub> P		5 3 STREET ADORESS . 5 4 City - St-Zip		
	DELETE	6 1 TITLE		Change Addition
		6.2 NAME		C Sussign C Addition:
O ADDRESS		6.3 STREET ADDRESS		
\$1-719 I do hereby certify that the information supplied with	this fring is volunteet. 6	6 4 CITY - S1 - 2IF	Al	
I do hereby certify that the information supplied with certify that the information indicated on this annual re oath; that I am an officer or director of the imporatio	port or supplemental annua	ieu and does not qualify for I report is true and accurate	the exemption stated in Section 119.07 and that my signature shall have the sa	(3)(k), Florida Statutes. I further
	on or the receiver or trusted on attachment with an address		eport as required by Chapter 607, Florid	da Statutes; and that my name
GNATURE Pulad M		HARD M. YUNK	11/	