

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

FILED

Jan 27 1997 8:00am
Secretary of State

PROFIT CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # **V14786** (0)
1. Corporation Name
R2R CONSULTING CORPORATION



Principal Place of Business: **4016 SOUTH NOVA ROAD F PORT ORANGE FL 32127 US**
Mailing Address: **4016 SOUTH NOVA ROAD F PORT ORANGE FL 32127-9201 US**

3. Date incorporated or Qualified: **02/18/1992** 3a. Date of Last Report: **04/12/1996**
4. FEI Number: **59-3107331** 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: **21 3959 S. Nova Road** Suite, Apt #, etc: **22 16** City & State: **23 PORT ORANGE, FL** Zip: **24 32127** Country: **25 US**
2a. Mailing Address: **26 3959 S Nova Road** Suite, Apt #, etc: **27 16** City & State: **28 PORT ORANGE, FL** Zip: **29 32127** Country: **30 US**

9. Name and Address of Current Registered Agent
YUNKER, RICHARD M.
4016 SOUTH NOVA ROAD, #F
APT 21
PORT ORANGE FL 32127

10. Name and Address of New Registered Agent
81 Name: **RICHARD M. YUNKER**
82 Street Address (P.O. Box Number is Not Acceptable): **3959 S. NOVA ROAD**
83 #: **#16**
84 City: **PORT ORANGE** FL 85 Zip Code: **32127**

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 and agree to accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE: *Richard M. Yunker* **RICHARD M. YUNKER** 1/14/97
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PVS	<input type="checkbox"/> DELETE
NAME	YUNKER, RICHARD M.	
STREET ADDRESS	4016 SOUTH NOVA ROAD, #F	
CITY - ST - ZIP	PORT ORANGE FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	YUNKER, RICHARD M.	
STREET ADDRESS	4016 SOUTH ORANGE NOVA ROAD #F	
CITY - ST - ZIP	PORT ORANGE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS	3959 S. Nova Road, #16	
1.4 CITY - ST - ZIP	PORT ORANGE, FL 32127	
2.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS	3959 S. Nova Road, #16	
2.4 CITY - ST - ZIP	PORT ORANGE, FL 32127	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
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 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: *Richard M. Yunker* **RICHARD M. YUNKER** 1/14/97 904 788 0909
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone

CR2E034 (9/96)