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

**PROFIT** CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

R. C. E. INVESTMENTS, INC.

(0)

**FILED** Jan 29 1998 8:00am Secretary of State

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Principal Place of Business Mailing Address								1 186119 WILL GIRAL (812 A161 A161 A161 A161 A161 A161 A161 A1	i minii minii i	HEBRI BIA	il Billir (60)		
1515 RIVERSIDE AVE. STE A JACKSONVILLE FL 32204  1515 RIVERSIDE AVE. STE A JACKSONVILLE FL 32204								DO NOT WRITE IN THIS SPACE					
									3. Date Incorporated or Qualified				
					•				12/14/1979				
2. Principal P	lace of Busin	ess		2a.	Mailing Address				4. FEI Number		Ar	oplied For	
21				26					59-1953911		No	ot Applicable	
Suite, Apt. #, etc.				Suite, Apt #, etc.					5. Certificate of Status Dosired S8.75 Additional Fee Required				
City & State	е			Cily & State					6. Election Campaign Financing \$5.00 May Be				
23				28	<u> </u>				Trust Fund Contribution		dded	to Fees	
Zip		Country		<u></u>	Zip	Cour	niry		8. This corporation owes or has paid the			1	
24		25	4 C	29		30]			Personal Property Tax due June 30.	X Yes		_ No	
rn.			of Current	Regis	erea Ageni		81	Name	10. Name and Address of New Registe	rea Agen			
	AZIER, WILI		- 1				ا"	INDITIE					
	15 RIVERSIE		EA					Street Ad	idress (P.O. Box Number is Not Acceptable)				
	CKSONVILLI	t, ri				-	83						
322	204					1	"					į	
							64	City		FL 85	Zip	Code	
office or re	egistered age	ent, or <b>b</b> oth, i	in the State of	Floric	07.1508, Florida <b>Statute</b> la. Such change was a Section 607.0505, Flo	authorized	by	the corpor	orporation submits this statement for the purporation's board of directors. I hereby accept the	se of chan appointm	ging it ent as	s registered registered	
SIGNATURE												Ì	
	Signature, typed		registered agent		· · · · · · · · · · · · · · · · · · ·		Age	nt signalure rec	quired when reinstating) DA				
12.	PTD	OFF	ICERS AND	DIRLC	DELETE	13.		· · · - T ·	ADDITIONS/CHANGES TO OFFICERS		CTOF	RS IN 12	
TITLE		, WILLIAM	0		C OTTE	1.1 [1]				υч	папуе		
NAME		/ERSIDE A\				1.2 NAI							
STREET ADDRESS		NVILLE, FL						ADDRESS				J:	
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\ \ \		FRAZIER, W ROBINSON				2.2 NAME				U (	nango	L. Houlien	
NAME OTOGET ADDOCAC	ARAR DISCROUDE AVE OTE A					2.2 NAI 2.3 STF							
STREET ADDRESS		NVILLE, FL				2.4 GIT		i i		•			
CITY-ST-ZIP TITLE	5,15,150				DELETE	3.1 THE		11-211		С	hange	Addition	
NAME						3.2 NAM		[		<b></b>			
STREET ADDRESS						1		ADDRESS					
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TITLE		<del></del>			DELETE	4.1 T(T)		- E"-			hange	Addition	
NAME						4. 2 NA				•	**		
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NAME						5.2 NAN	AE.						
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CITY-ST-ZIP						5.4 CIT						]	
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NAME						6.2 NAN	AE					1	
STREET ADDRESS					•			ADDRESS					
CITY-ST-ZIP						6.4 C(T)							

14. 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 trustree 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 attack right with an address.

William R. Frazier