

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

FILED
May 19 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 # P94000042766 (3)

1. Corporation Name
RRC FL FIVE, INC.



Principal Place of Business
**200 LAURA STREET
 JACKSONVILLE FL 32202**

Mailing Address
**200 LAURA STREET
 JACKSONVILLE FL 32202-3500**

3. Date Incorporated or Qualified
06/06/1994 3a. Date of Last Report
05/01/1996

2. Principal Place of Business
 21 **121 W. Forsyth St.**
 Suite, Apt. #, etc.

2a. Mailing Address
 26 _____
 Suite, Apt. #, etc.

4. FEI Number
59-3248289 Applied For
 Not Applicable

22 **Suite 200**
 City & State

27 _____
 City & State

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

23 **Jacksonville, FL**
 Zip Country

28 _____
 Zip Country

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

24 **32202** 25 **USA**

29 _____ 30 _____

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

9. Name and Address of Current Registered Agent
**F&L CORP.
 200 LAURA STREET
 JACKSONVILLE FL 32202**

10. Name and Address of New Registered Agent
 81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 83 _____
 84 City 85 Zip Code
FL

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	V <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHNSON, BRUCE M	1.2 NAME	
STREET ADDRESS	121 W FORSYTH ST. #200	1.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	1.4 CITY-ST-ZIP	
TITLE	P <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STEIN, JR., MARTIN, E	2.2 NAME	
STREET ADDRESS	121 W FORSYTH ST. #200	2.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	2.4 CITY-ST-ZIP	
TITLE	VPS <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILLER, ROBERT L	3.2 NAME	
STREET ADDRESS	121 W FORSYTH ST. #200	3.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	3.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THOMPSON, JAMES D	4.2 NAME	
STREET ADDRESS	121 W FORSYTH ST., STE 200	4.3 STREET ADDRESS	000002197720
CITY-ST-ZIP	JACKSONVILLE FL	4.4 CITY-ST-ZIP	-06/02/97--01079--006
TITLE	V <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SKINNER, A. C	5.2 NAME	
STREET ADDRESS	121 W FORSYTH ST., STE. 200	5.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	5.4 CITY-ST-ZIP	
TITLE	VT <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEAVITT, J. C	6.2 NAME	
STREET ADDRESS	121 W FORSYTH ST., STE 200	6.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	6.4 CITY-ST-ZIP	

Handwritten signature and date: 4/8/97

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 included 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: *[Signature]* 4/8/97 904 356 7000
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)