

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **V29861 (4)**

1. Corporation Name  
**R.C.G. PROPERTIES, INC.**



Principal Place of Business: **2840 S.W. THIRD AVENUE MIAMI FL 33129**  
Mailing Address: **2840 S.W. THIRD AVENUE MIAMI FL 33129**

3. Date Incorporated or Qualified: **04/16/1992**      3a. Date of Last Report: **01/25/1995**  
4. FEIN Number: **65-0326778**      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. Foreign Place of Business: 21 State, Apt. #, etc.: 22 City & State: 23 Zip: Country: 24  
2a. Mailing Address: 26 State, Apt. #, etc.: 27 City & State: 28 Zip: Country: 29

9. Name and Address of Current Registered Agent

**WISEHEART, MALCOLM B., JR.  
2840 S.W. THIRD AVENUE  
MIAMI FL 33129**

10. Name and Address of New Registered Agent

81 Name: 82 Street Address (P.O. Box Number is Not Acceptable): 83 City: 84 State: **FL** 85 Zip Code:

11. Pursuant to the provisions of Sections 607.030(1) and 607.150(2), 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 607.030(2), Florida Statutes.

SIGNATURE:

Signature of Registered Agent (Print Name and Title)

Signature of Registered Agent (Print Name and Title)

DATE:

12. OFFICERS AND DIRECTORS

|                |                                   |                                 |
|----------------|-----------------------------------|---------------------------------|
| TITLE          | <b>D</b>                          | <input type="checkbox"/> DELETE |
| NAME           | <b>WISEHEART, MALCOLM B., JR.</b> |                                 |
| STREET ADDRESS | <b>2840 SW THIRD AVE</b>          |                                 |
| CITY, ST, ZIP  | <b>MIAMI FL</b>                   |                                 |
| TITLE          | <b>D</b>                          | <input type="checkbox"/> DELETE |
| NAME           | <b>JOYCE, ELIZABETH W.</b>        |                                 |
| STREET ADDRESS | <b>5940 GRANADA BLVD.</b>         |                                 |
| CITY, ST, ZIP  | <b>CORAL GABLES FL</b>            |                                 |
| TITLE          | <b>D</b>                          | <input type="checkbox"/> DELETE |
| NAME           | <b>MILNE, CAROLYN W.</b>          |                                 |
| STREET ADDRESS | <b>110 SUMMIT STREET</b>          |                                 |
| CITY, ST, ZIP  | <b>ENGLEWOOD FL</b>               |                                 |
| TITLE          | <b>D</b>                          | <input type="checkbox"/> DELETE |
| NAME           | <b>LITTLE, MARILYN W.</b>         |                                 |
| STREET ADDRESS | <b>6509 N.W. 18TH AVENUE</b>      |                                 |
| CITY, ST, ZIP  | <b>GAINESVILLE FL</b>             |                                 |
| TITLE          |                                   | <input type="checkbox"/> DELETE |
| NAME           |                                   |                                 |
| STREET ADDRESS |                                   |                                 |
| CITY, ST, ZIP  |                                   |                                 |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                   |   |
|-------------------|---|
| 11 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12 NAME           |   |
| 13 STREET ADDRESS |   |
| 14 CITY, ST, ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 21 TITLE          |   |
| 22 NAME           |   |
| 23 STREET ADDRESS |   |
| 24 CITY, ST, ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 31 TITLE          |   |
| 32 NAME           |   |
| 33 STREET ADDRESS |   |
| 34 CITY, ST, ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 41 TITLE          |   |
| 42 NAME           |   |
| 43 STREET ADDRESS |   |
| 44 CITY, ST, ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 51 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 52 NAME           |   |
| 53 STREET ADDRESS |   |
| 54 CITY, ST, ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 61 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 62 NAME           |   |
| 63 STREET ADDRESS |   |
| 64 CITY, ST, ZIP  |   |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplementary 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 attached form with an address.

SIGNATURE: *Malcolm B. Wiseheart, Jr.*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**Malcolm B. Wiseheart, Jr.**

January 17, 1996 (305) 285-9471

CR2E034 (12/95)