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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

MURPHY, JOHN J ESQ

11

DOCUMENT # Corporation Name

FILED Jan 29 1996 8:00 am Secretary of State



 \Box

8. This corporation has liability for intangible tax under s 199.032,

10. Name and Address of New Registered Agent

☐ Yes ☐ No.

3a. Date of Last Report

01/20/1995

Applied For

Fee Required \$5.00 May Be

Added to Fees

Not Applicable \$8.75 Additional

3. Date Incorporated or Qualified

65-0340990

5. Certificate of Status Desired

6. Election Campaign Financing

Trust Fund Contribution

Florida Statutes

06/12/1992

4. FEI Number

RCI	BUII	DTFCH	INDI	JSTRIES,	INC.
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Principal Place of Business	Mailing Address
3860 SHERIDAN ST. HOLLYWOOD FL 33021-3634	3860 SHERIDAN ST. HOLLYWOOD FL 33021-3634
2. Principal Place of Business 21 3862 SHERIDAN ST.	2a. Mailing Address 26 3862 SHYRIDAN St.
Stille, Apt. #, etc.	Suite, Apl. #, etc.
City & State 23 HOLLYWOOD, FLORIDA	28 HOLLYWOOD, FLORIDA
24 33621 25 BRINARD 9 Name and Address of Current I	29 33621 30 BROUGED

MURPHY, JOHN J ESQ 3860 SHERIDAN ST.	82	Street Address (P.O. Box Number is Not Acceptable)
HOLLYWOOD FL 33021-3634	83	
	84	City FL 85 Zip Code
Flursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the abo	vo-r	named corporation submits this statement for the purpose of changing its registered office

Name

r distant to the provisions of sections of 1000 and the State of 1000, from a statutes, in the provision of sections of sections of sections of the state of forests. Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELFTE n THE 1. 1 TITLE Change ☐ Addition HILL, OLIN NAM 1.2 NAME 3862 SHERIDAN ST. STREET ADDRESS 1.3 STREET ADDRESS HOLLYWOOD FL City - St - ZiP 1.4 CITY - ST - ZIP DELFTE 2 1 TITLE ☐ Change ☐ Addition COMPAGNONE, ANTHONY J. NAME 2.2 NAME 3862 SHERIDAN ST. STREET ADDRESS 2 3 STREET ADDRESS HOLLYWOOD FL CITY - ST - ZIP 2 4 CITY - ST - ZIP DELETE TITLE 3 1 TITLE ☐ Addition NAME 3.2 NAME STREET ADDRESS 3 3 STREET ADDRESS DITY: ST- 7/P 3 4 CITY - ST-ZIP DELETE 111.€ 4. 1 TITLE ☐ Change ■ Addition 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP [] DELETE Blaf 5.1 TITLE Addition NAME 5.2 NAME STEFF LADDRESS 5 3 STREET ADDRESS C|^v-\$1-2|2 54 CITY-ST-ZIP 1006 DELETE 6 1 TITLE Change Addition 62 NAME STREE! ADDRESS 6.3 STREET ADDRESS CITY - S1 - ZIP 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 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 support 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 or annual report with an address.

SIGNATURE: