FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY -1 PM 1:40

DOCUMENT # 636434 (3)

1. Corporation Name
RPS ENTERPRISES, INC.

Principal Place of Business	Mailing Address
509 HAWTHORNE PL P.O. BOX 16 MORGANVILLE NJ 07751 US	509 HAWTHORNE PL P.O. BOX 16 MORGANVILLE NJ 07751 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/18/1979
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business
21: 30 JERICHO TPKE
22 Suite, Apt. #, etc.: Suite 349
23 City & State: Commack, N.Y.
24 Zip: 11725
25 Country: USA

2a. Mailing Address
26: 30 JERICHO TPKE
27 Suite, Apt. #, etc.: Suite 349
28 City & State: Commack, NY
29 Zip: 11725
30 Country: USA

4. FEI Number: 59-1947988 ☐ 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 § 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

RITTERSTEIR, GARY
243 JAMAICA DRIVE
COCOA BEACH FL 32931

10. Name and Address of New Registered Agent

81 Name: RICHARD TROND
82 Street Address (P.O. Box Number is Not Acceptable): ~~[illegible]~~ NORTH KENDALL AVENUE DRIVE
83
84 City: MIAMI FL 85 Zip Code: 33176

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: Richard Trond — Richard Trond — 5/10/95
(Signature, typed or printed name of registered agent, and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	☒ Change ☐ Addition
NAME	WECKERLY, TOM	12 NAME	DELete Tom WECKERLY
STREET ADDRESS	90 WEST STREET, SUITE 2107	13 STREET ADDRESS	
CITY ST ZIP	NEW YORK NY 10006	14 CITY ST ZIP	
TITLE	D	21 TITLE	☒ Change ☐ Addition
NAME	CERASOLI, DONALD	22 NAME	DELete DONALD CERASOLI
STREET ADDRESS	90 WEST STREET, SUITE 2107	23 STREET ADDRESS	
CITY ST ZIP	NEW YORK NY 10006	24 CITY ST ZIP	
TITLE	D	31 TITLE	☒ Change ☐ Addition
NAME	JUDGE, MARK	32 NAME	DELet MARK JUDGE
STREET ADDRESS	90 WEST STREET, SUITE 2107	33 STREET ADDRESS	
CITY ST ZIP	NEW YORK NY 10006	34 CITY ST ZIP	
TITLE		41 TITLE	PRESIDENT ☐ Change ☒ Addition
NAME		42 NAME	RONALD SORCI
STREET ADDRESS		43 STREET ADDRESS	15 SHIRLEY LANE
CITY ST ZIP		44 CITY ST ZIP	FT SALONGA, NY 11768
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST 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 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: Ronald Sorci President — 4-18-95 — 718-788-4582
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
RONALD SORCI, PRESIDENT

0395317 FP