PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 287524

1. Corporation Name

R C D CORPORATION

FILED Feb 27, 1999 8:00 am Secretary of State

02-27-1999 90006 043 ***158.75



Principal Place of Business Mailing Address										Bil Afbi ætnii ni	OII BIBIT BIBIT	#18(1 B)#11 1981	
2850 DILLARD ROAD EUSTIS FL 32726 US				- <u>P.O. BOX 1620</u> - EUSTIS FL 327 27					DO NOT WRI	TE IN THIS	SPACE		_ '
		•							 Date Incorporated or Qualified 12/07/1964 				
2. Principal Pl	lace of Busines	 \$	2a. M	2a. Mailing Address				٠,	4. FEI Number		T A	pplied For	7
21				26				- }	59-1152817	/	N	ot Applicable	3
Suite, Apt. #, etc.				Suite, Apt. #, etc.					5. Certifcate of Status Desired	□ □	•	Additional equired	
City & State				City & State				- 1	6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees				
Zip		Country	Z	<u>Zip</u>	Cou	intry			8. This corporation owes the cur	ent year Inta		_	
24	25		29		30				Personal Property Tax.		✓ Yes	□No	4
	9. Name an	d Address of Cu	rrent Registe	red Agent				1	0. Name and Address of New	Registered A	Agent		-
ppo	CAN PENE					81	Name						
BROGAN, KEVIN M 1911 MORRIS ST EUSTIS FL 32726							Street Ad	Address (P.O. Box Number is Not Acceptable)			, ,,		
							_						1
						84	City				85 Zip	Code	-
						l (·	<u>FL</u>	. `		
office or re	egistered agent	or both in the St	ate of Florida	7.1508, Florida Stat . Such change was Section 607.0505, F	authorized	י עם נ	the comora	orporat ration's	ion submits this statement for the board of directors. I hereby acce	purpose of pt the appoin	changing its atment as re	s registered egistered	
SIGNATURE	. ,								·			_	ļ
SIGNATURE	Signature, typed or p	rinted name of registered		``	TE: Registered	Agen	t signature rec	uired whe		DATE			<u>۾</u> ا
12.		OFFICERS	AND DIREC		13.		Т	O= -	ADDITIONS/CHANGES TO OF	FICERS AN	D DIRECTO	ORS IN 12 Additio	:
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NAME	KEVIN M. B				1.2 N			KAR	EN B. BROGAN) 8
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14. I 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 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 changes, or op apparation with an address, with all other like empowered.

SIGNATURE: