## MAY 1ST IS \$550.00

FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State

## **FILED** Feb 18, 1999 8:00am **Secretary of State**

DIVISION OF CORPORATIONS					
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#, etc.	<u>⊢</u>		5. Certificate of Status Desired	8.75 Additional Fee Required	
City & State			6. Election Campaign Financing	\$5.00 May Be	
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Country	Zip	Country	8. This corporation owes the current year Intangit		
		L	1 dissilative party 1 am		
9. Name and Address of Curren	t Kedistered Agent	81 Name	10. Haine and Habitote of Hotel Hagistates		
KOWITZ, SAM J. 👍 🖟 🔻 🔻		92 Stroot Add	ross (P.O. Boy Number is Not Acceptable)		
	•	62 Street Addi	et Address (P.O. Box Number is Not Acceptable)		
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	RCANTILE CO.; INC.  of Business RD 7 FL 33068  ace of Business  #, etc.  Country,  25 9. Name and Address of Curren  KOWITZ, SAM J. S STATE ROAD 7 PANO BEACH FL 33068	RCANTILE CO. INC.  of Business  RD 7  I FL 33068  Ace of Business  ace of Business  ace of Business  2a. Mailing Address 26  #, etc.  Suite, Apt. #, etc.  27  City & State 28  Country  Zip  25  9. Name and Address of Current Registered Agent  COWITZ, SAM J.  S STATE ROAD 7  PANO BEACH FL 33068	RCANTILE CO: INC.  of Business RD 7 FL 33068  Address RD 7 FPOMPANO BCH. FL 33068  Address RD 7 ROMPANO BCH. FL 33068  Representation of the property of the p	MENT # 533667  RCANTILE CO. INC.  In of Business RD 7 FL 33068  Mailing Address RD 7 POMPANO BCH. FL 33068  DO NOT WRITE IN THIS SPA  3. Date Incorporated or Qualifed 04/29/1977  ace of Business 2a. Mailing Address 26 59-1740981  #, etc. City & State 27 City & State 28 Country 25 29 30 Roman Address of Current Registered Agent  COWITZ, SAM J. S STATE ROAD 7 PANO BEACH FL 33068	

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 trusted 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 with all other like empowered.

SIGNATURE: \_

NG OFFICER OR DIRECTOR