

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
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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAY -1 PM 1:40

DOCUMENT # **636434** (3)

1. Corporation Name
RPS ENTERPRISES, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business 509 HAWTHORNE PL P.O. BOX 16 MORGANVILLE NJ 07751 US	Mailing Address 509 HAWTHORNE PL P.O. BOX 16 MORGANVILLE NJ 07751 US
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3. Date Incorporated or Qualified 09/18/1979	3a. Date of Last Report 05/01/1994
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2. Principal Place of Business 30 SERICUS TPOE	2a. Mailing Address 30 SERICUS TPOE
21 Suite, Apt. #, etc. Suite 349	26 Suite, Apt. #, etc. Suite 349
22 City & State Commack, N.Y.	27 City & State Commack, NY
23 Zip 11725	28 Country USA
24 Zip 11725	25 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 RITTERSTEIN, GARY 243 JAMAICA DRIVE COCOA BEACH FL 32931	
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10. Name and Address of New Registered Agent	
81 Name RICHARD TROND	
82 Street Address (P.O. Box Number is Not Accepted) 1430 NORTH KENDALL AVENUE	
83	
84 City MIAMI	85 Zip Code FL 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 then if applicable) (NOTE: Registered Agent signature required when registering) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D	WECKERLY, TOM	1.1 TITLE ☒ Change ☐ Addition	
NAME	90 WEST STREET, SUITE 2107	1.2 NAME	DELETE TOM WECKERLY
STREET ADDRESS	NEW YORK NY 10008	1.3 STREET ADDRESS	
CITY, ST, ZIP		1.4 CITY, ST, ZIP	
TITLE D	CERASOLI, DONALD	2.1 TITLE ☒ Change ☐ Addition	
NAME	90 WEST STREET, SUITE 2107	2.2 NAME	DELETE DONALD CERASOLI
STREET ADDRESS	NEW YORK NY 10008	2.3 STREET ADDRESS	
CITY, ST, ZIP		2.4 CITY, ST, ZIP	
TITLE D	JUDGE, MARK	3.1 TITLE ☒ Change ☐ Addition	
NAME	90 WEST STREET, SUITE 2107	3.2 NAME	DELETE MARK JUDGE
STREET ADDRESS	NEW YORK NY 10008	3.3 STREET ADDRESS	
CITY, ST, ZIP		3.4 CITY, ST, ZIP	
TITLE		4.1 TITLE ☐ Change ☒ Addition	PRESIDENT
NAME		4.2 NAME	RONALD SORCI
STREET ADDRESS		4.3 STREET ADDRESS	15 SHIRAZ LANE
CITY, ST, ZIP		4.4 CITY, ST, ZIP	FT SAULING, NY 11768
TITLE		5.1 TITLE ☐ Change ☐ Addition	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY, ST, ZIP		5.4 CITY, ST, ZIP	
TITLE		6.1 TITLE ☐ Change ☐ Addition	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY, ST, ZIP		6.4 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* *Ronald Sorci* *4-18-95* *718-786-4587*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Typed Name)