SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # **680776** **(2)**

1. Corporation Name
R/C WORLD OF FLORIDA, INC.

Principal Place of Business	Mailing Address
10900 INSIDE LOOP 296 HUNTRIDGE WAY ORLANDO FL 32825 US	C/O EDWARD R. IZZO 296 HUNTRIDGE WAY WINTER SPRINGS FL 32708 US

3. Date Incorporated or Qualified: 08/01/1980
3a. Date of Last Report: 01/30/1995

2. Principal Place of Business
21: 10900 INSide Loop
22: Suite, Apt. #, etc
23: City & State: Orlando FL.
24: Zip: 32825 25: Country

2a. Mailing Address
26: R/C World of FL, INC
27: Suite, Apt. #, etc: 10900 INSide Loop
28: City & State: Orlando FL.
29: Zip: 32825 30: Country

4. FEI Number: 59-2011609 ☐ 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 s. 199.032 Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

THOMAS, JOHN L., II
130 HILLCREST ST
ORLANDO FL 32801

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	DERN, ERIC		1.2 NAME	
STREET ADDRESS	1602 WHITE DOVE DR		1.3 STREET ADDRESS	
CITY-ST-ZIP	WINTER SPRINGS FL		1.4 CITY-ST-ZIP	
TITLE V.P	D	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	GRIER, JAMES		2.2 NAME	
STREET ADDRESS	616 BERKSHIRE COURT		2.3 STREET ADDRESS	
CITY-ST-ZIP	DOWNERS GROVE IL		2.4 CITY-ST-ZIP	
TITLE Pres	D	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	PARENTI, HAROLD		3.2 NAME	
STREET ADDRESS	1920 BUCKINGHAM		3.3 STREET ADDRESS	
CITY-ST-ZIP	WESTCHESTER IL		3.4 CITY-ST-ZIP	
TITLE	D	☑ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	BENNETT, CLIFFORD		4.2 NAME	
STREET ADDRESS	364 BELLA VISTA		4.3 STREET ADDRESS	
CITY-ST-ZIP	EDGEWATER FL		4.4 CITY-ST-ZIP	
TITLE Treas.	D	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	FULWIDER, CHARLES R.		5.2 NAME	
STREET ADDRESS	7333 LAKE UNDERHILL RD.		5.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL		5.4 CITY-ST-ZIP	
TITLE Sec	D	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	CUTRONE, DIXIE		6.2 NAME	
STREET ADDRESS	1862 MAHOGANY DR		6.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL		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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Dixie Cutrone 1-5-96 407 454 3367
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Dixie Cutrone

CR2E034 (3/96)