

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Feb 25, 1999 8:00 am  
Secretary of State

02-25-1999 90021 028 \*\*\*150.00

0101456

DOCUMENT # 680776

1. Corporation Name

R/C WORLD OF FLORIDA, INC.

Principal Place of Business

10900 INSIDE LOOP  
296 HUNTRIDGE WAY  
ORLANDO FL 32825  
US

Mailing Address

R/C WORLD OFF INC  
10900 INSIDE LOOP  
ORLANDO FL 32825  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/01/1980

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 owes the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29

30

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

85

Zip Code

FL

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	DERN, ERIC	
STREET ADDRESS	1602 WHITE DOVE DR	
CITY-ST-ZIP	WINTER SPRINGS FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	PARENTI, HAROLD	
STREET ADDRESS	1920 BUCKINGHAM	
CITY-ST-ZIP	WESTCHESTER IL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	FULWIDER, CHARLES R.	
STREET ADDRESS	7333 LAKE UNDERHILL RD.	
CITY-ST-ZIP	ORLANDO FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	CUTRONE, DIXIE	
STREET ADDRESS	1862 MAHOGANY DR	
CITY-ST-ZIP	ORLANDO FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	POST, STAN	
1.3 STREET ADDRESS	1413 HOWELL BRANCH RD.	
1.4 CITY-ST-ZIP	WINTER PARK, FL 32792	
2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	DRAKE, TOM	
2.3 STREET ADDRESS	33140 LITTLE HAMPTON CT.	
2.4 CITY-ST-ZIP	SARASOTA, FL 34236	
3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	MACOS ARNOLD	
3.3 STREET ADDRESS	7947 SWOARDFISH LN.	
3.4 CITY-ST-ZIP	ORLANDO, FL 32822	
4.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	CUTRONE, DIXIE	
4.3 STREET ADDRESS	1325 N. TROPICAL TRAIL	
4.4 CITY-ST-ZIP	MERRITT ISLE, FL 32953	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: x

*Dixie Cutrone*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)