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NONPROFIT CORPORATION ANNUAL REPORT



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

1996	ì
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DOCUN 1. Corporation THE LIT	Name	# /36 RCH INTER		(3) ., INC.							1811 11811 1881
Principal Place	of Ruciness			Mailing Address				—			
462 NYES PLA PO BOX 636 LAGUNA BCH	ACE		·	462 NYES PLACE PO BOX 636 LAGUNA BCH CA	92652						
Diooial Doil	On deduc			Ziooni voit oii	VL 10L			3. Date Incorporated or Qualified 06/28/1976	3a. Date of 01/2	Last F 25/19	
2. Principal Pla	ice of Busines	SS .	26	a. Mailing Address	3			4. FEI Number 95-3089548	•	$\vdash$	pplied For lot Applicable
Suite, Apt. #	ŧ, etc.		27	Suite, Apt. #, et	c.			5. Certificate of Status Desired	□ \$	8.75	Additional lequired
City & State	,			City & State				6. Election Campaign Financing		\$5.00	May Be
Zip	Ţ	Country	28	Zip		Country		Trust Fund Contribution  8. This corporation has liability for its	ntangible tax un		to Fees 199.032,
24		nd Address of	£ Current Res		30			Florida Statutes L  10. Name and Address of New R	Yes No	nt	
· · · · · · · · · · · · · · · · · · ·	y. Name e	ing Address of	Current neg	istered Agent		81	Name	TO. Name and Address of New P	eñistalen who		
REINHOL						82		ress (P.O. Box Number is Not Acceptab	le)		
	owy Eger Rne fl 329					83		· · · · · · · · · · · · · · · · · · ·	<del></del>	·····	<del></del>
						84	City	· · · · · · · · · · · · · · · · · · ·	FL 8	5 Zip	Code
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familiar with	h, and accept	t the obligations	of, Section 61	7.0503, Florida Sta	itutes.	above-r the corp	named corpor oration's boa	ration submits this statement for the pur rd of directors. I hereby accept the appo	pose of changin pintment as regi	g its restered	gistered office agent. I am
familiar wit	h, and accept	the obligations	of, Section 61	7.0503, Florida Sta	itutes.	above-r the corp	named corpor oration's boa	ration submits this statement for the pur rd of directors. I hereby accept the appoint dividence reinstating)  ADDITIONS/CHANGES TO OFFE	pose of changin ointment as regi		<del></del>
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certify that the information indicated or this armost report or supplemental armost report is true and accurate and that my signature shall have the same legal effect of 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: \_\_