

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JUN 20 AM 10:01

DOCUMENT # **F80510** (3)
1. Corporation Name
R.C.C. ENTERPRISES, INC.

Principal Place of Business Mailing Address
1104 WEST OAK STREET **1104 WEST OAK STREET**
KISSIMMEE FL 34741 **KISSIMMEE FL 34741**

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	05/10/1982	04/12/1994
22	City & State	27	City & State	4. FEI Number	Applied For
23	Zip	28	Country	59-2198606	Not Applicable
24	Country	29	Country	5. Certificate of Status Desired	\$8.75 Additional Fee Required
		30		<input type="checkbox"/>	\$5.00 May Be Added to Fees
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	
				7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
CROTTY, R.C., JR. 3140 ROSE MARIE DRIVE KISSIMMEE FL 34748				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 reappointing)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PSD	1 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CROTTY, JR. R	1 2 NAME	
STREET ADDRESS	3140 ROSE MARIE DR	1 3 STREET ADDRESS	
CITY - ST - ZIP	KISSIMMEE, FL 00000	1 4 CITY - ST - ZIP	
TITLE	D	2 1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CROTTY, JUNE P	2 2 NAME	Deleted
STREET ADDRESS	1422 NEPTUNE RD.	2 3 STREET ADDRESS	
CITY - ST - ZIP	KISSIMMEE, FL 00000	2 4 CITY - ST - ZIP	
TITLE	VTD	3 1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	POWELL, KAREN S	3 2 NAME	Karen P. Crotty
STREET ADDRESS	1403 SWEETBRIAR RD	3 3 STREET ADDRESS	3140 Rose Marie Dr.
CITY - ST - ZIP	ORLANDO FL	3 4 CITY - ST - ZIP	Kissimmee, FL 34746
TITLE	D	4 1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CROTTY, R DUDE	4 2 NAME	Deleted
STREET ADDRESS	1422 NEPTUNE RD	4 3 STREET ADDRESS	
CITY - ST - ZIP	KISSIMMEE, FL 00000	4 4 CITY - ST - ZIP	
TITLE	D	5 1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CROTTY, WAYNE H	5 2 NAME	Deleted
STREET ADDRESS	2422 SWEETBRIAR CT	5 3 STREET ADDRESS	
CITY - ST - ZIP	KISSIMMEE FL	5 4 CITY - ST - ZIP	
TITLE		6 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 110.07(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 a duly authorized or lawfully 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: *[Signature]* DATE: 5/16/95
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR Date Daytime Phone # 407-847-4622