

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # F95000002479 (2)

1. Corporation Name

RCAC ASSET MANAGEMENT, INC.



Principal Place of Business

1000 CORPORATE DRIVE
FORT LAUDERDALE FL 33334

Mailing Address

1000 CORPORATE DRIVE
FORT LAUDERDALE FL 33334

3. Date Incorporated or Qualified
05/22/1995

3a. Date of Last Report

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

4. FEI Number

65-0564547

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

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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

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	PCEO	<input type="checkbox"/> DELETE
NAME	CARSON, JOHN C	
STREET ADDRESS	1000 CORPORATE DRIVE	
CITY-ST-ZIP	FT. LAUDERDALE FL 33334	
TITLE	VSD	<input type="checkbox"/> DELETE
NAME	GIMSON, CURTIS S	
STREET ADDRESS	1000 CORPORATE DRIVE	
CITY-ST-ZIP	FT. LAUDERDALE FL 33334	
TITLE	VCFO	<input type="checkbox"/> DELETE
NAME	THOMAS, KENNETH A	
STREET ADDRESS	1000 CORPORATE DRIVE	
CITY-ST-ZIP	FT. LAUDERDALE FL 33334	
TITLE	AT	<input checked="" type="checkbox"/> DELETE
NAME	ARTHUR, JANIS	
STREET ADDRESS	1000 CORPORATE DRIVE	
CITY-ST-ZIP	FT. LAUDERDALE FL 33334	
TITLE	VT	<input type="checkbox"/> DELETE
NAME	SCHULTZ, THOMAS E	
STREET ADDRESS	1000 CORPORATE DRIVE	
CITY-ST-ZIP	FT. LAUDERDALE FL 33334	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	AGRES, ROBERT	
STREET ADDRESS	1000 CORPORATE DRIVE	
CITY-ST-ZIP	FT. LAUDERDALE FL 33334	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	VT
5.3 STREET ADDRESS	Shultz, Thomas E.
5.4 CITY-ST-ZIP	900 Third Avenue New York, NY 10022
6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	V/C
6.3 STREET ADDRESS	Petzke, Greg
6.4 CITY-ST-ZIP	1000 Corporate Drive Ft. Lauderdale, FL 33334

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:

Robert J. Crowe, Assistant Vice President-Taxes

4/17/96

212-230-3115

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)