

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

CORPORATION  
ANNUAL REPORT  
**1995**



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

**FILED**  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

**95 APR -4 PM 11:58**

**DOCUMENT # H79878**

**(5)**

1. Corporation Name

**R. L. CONSULTING COMPANY**

Principal Place of Business

Mailing Address

~~224 PROVINCIAL DRIVE  
INDIALANTIC FL 32903~~

~~224 PROVINCIAL DRIVE  
INDIALANTIC FL 32903~~

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

**10/08/1985**

3a. Date of Last Report

**04/11/1994**

2. Principal Place of Business

2a. Mailing Address

**21 224 PROVINCIAL DRIVE**

**26 224 PROVINCIAL DRIVE**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**22**

**27**

City & State

City & State

**23 Indialantic FLA**

**28 Indialantic FLA**

Zip

Country

Zip

Country

**24 32903**

**25 FLORIDA**

**29 32903**

**30 FLORIDA**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MORONI, GRACIELA R  
224 PROVINCIAL DRIVE  
INDIALANTIC FL 32903**

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 fee applicant

(NOTE: Registered Agent signature required when reappointing)

(DATE)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE  
NAME  
STREET ADDRESS  
CITY ST ZIP

**PST  
MORONI, GRACIELA R.  
224 PROVINCIAL DRIVE  
INDIALANTIC FL**

11 TITLE  
12 NAME  
13 STREET ADDRESS  
14 CITY ST ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY ST ZIP

21 TITLE  
22 NAME  
23 STREET ADDRESS  
24 CITY ST ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY ST ZIP

31 TITLE  
32 NAME  
33 STREET ADDRESS  
34 CITY ST ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY ST ZIP

41 TITLE  
42 NAME  
43 STREET ADDRESS  
44 CITY ST ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY ST ZIP

51 TITLE  
52 NAME  
53 STREET ADDRESS  
54 CITY ST ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY ST ZIP

61 TITLE  
62 NAME  
63 STREET ADDRESS  
64 CITY ST ZIP

☐ Change ☐ Addition

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:

*x Graciela R. Moroni*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**GRACIELA R. MORONI**

**x3/24/95**

**x(407)777-2405**