

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

FILED  
Mar 18 1996 8:00 am  
Secretary of State

DOCUMENT # J80805

(1)

1. Corporation Name

R C C ASSOCIATES, INC.



Principal Place of Business

390 SW 12TH AVE  
DEERFIELD BEACH FL 33442

Mailing Address

390 SW 12TH AVE  
DEERFIELD BEACH FL 33442

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

06/29/1987

3a. Date of Last Report

02/22/1995

4. FEI Number

65-0021394

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

10. Name and Address of New Registered Agent

STUART, SOBEL

~~SOBEL AND SOBEL, P.A.~~

Seigfried, Rivera, Lerner

~~PENTHOUSE, 155 60 MIAMI AVE.~~

201 Alhambra Cir.

~~MIAMI FL 33130~~

Suite 1102

Coral Gables, FL 33134

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 the if applicable

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

PD  
RAPHAEL, RICHARD  
390 SW 12TH AVE  
DEERFIELD BEACH FL

DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

VD  
RHODES, R  
390 SW 12 AVE  
DEERFIELD BEACH FL

DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

SD  
RAPHAEL, BEVERLY  
390 SW 12TH AVE  
DEERFIELD BEACH FL

DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

DELETE

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone Number

CR2E034 (12/95)