FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION **ANNUAL REPORT**

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # J80805 (1)

R C C ASSOCIATES, INC.

Principal Place of Business

Mailing Address

FILED Feb 18 1997 8:00am Secretary of State



390 SW 12TH AVE DEERFIELD BEACH FL 33442 DEERFIELD BEACH FL 33442			42-3106				
					3. Date Incorporated or Qualified 3a. Date of Last Report 06/29/1987 03/18/1996		
	Place of Business	2a. Mailing Address	~	1	4, FEI Number		Applied For
21 422	SW 12th HUE		246/	tue_	65-0021394		Not Applicable
Suite, Apt.	.#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	1 1	3.75 Additional Fee Required
	EFIELD BEACH, A	City & State 28 DEERFIEL		H,FL	Election Campaign Financing Trust Fund Contribution		5.00 May Be Added to Fees
24 33°	442 25 BROWARD	^{z1} 9 33442	30 Spungtry	WHED		Yes □ No	
ļ	g. Name and Address of Current	Registered Agent			10. Name and Address of New Rec	istered Agent	11
STI	uart, sobel		81	Name			
C/O SEIGFRIED RIVERA, LERNER 201 ALHAMBRA CIRCLE SUITE 1102 Street Addre					ess (P.O. Box Number is Not Acceptab	(e)	-
CORAL GABLES FL 33134							
			84	City		FL 85	Zip Code
11. Pursuant office or ragent. La	to the provisions of Sections 607.0502 registered agent, or both, in the State am familiar with, and accept the obliga	and 607.1508, Florida Statute of Florida. Such change was a tions of, Section 607.0505, Flo	es, the above- uthorized by t rida Statutes.	named corpo he corporation	pration submits this statement for the proof of directors. I hereby accep	roose of chan	l ging its registered ent as registered
SIGNATURE	Signature, typed or printed name of registered ager	t and talle if applicable (APATE	. Donielo and America		of when reinstaling)	O. I.	
12.	OFFICERS AND		13.	eignature requirer		DATE CDC AND DIDE	CTORS IN 12
TITLE	PD	DELETE	1.1 TITLE		ADDITIONS/CHANGES TO OFFIC		hange Addition
NAME	RAPHAEL, RICHARD		1.2 NAME			٥٠	
STREET ADDRESS	390 SW 12TH AVE		1.3 STREET A	ODRESS			
CITY - ST - ZIP	DEERFIELD BEACH FL	1.4 0					
TITLE	VD				71 1 11 11 11 11 11 11 11 11 11 11 11 11	Пс	hange Addition
NAME	17		2.2 NAME	l			
STREET ADDRESS			2.3 STREET A	ODRESS			
CITY-ST-ZIP	DEFECT D DE LOU EI		2. 4 CITY - ST				
TITLE			3.1 TITLE	- CH		Пс	hange
NAME			3.2 NAME			J	- g- Lind / Housilott
STREET ADDRESS	AAA ALA AAM 1 1125		3.3 STREET AL	DDRESS			
CITY - ST - ZIP	Property Control of		3.4. CITY-ST				
TITLE		DELETE				□ C	hange Addition
NAME	1		4. 2 NAME				
STREET ADDRESS			4.3 STREET AL	DORESS			
CHTY-ST-ZIP			4.4 CITY-ST-				
TITLE		DELETE	51 TITLE	= -		C	hange Addition
NAME		_	52 NAME				<u> </u>
	1		4	ļ			
STREET ADDRESS			5.3 STREET AT	DDRESS I			
STREET ADDRESS		_	5.3 STREET AG				
STREET ADDRESS CHY-ST-ZIP TITLE		DELETE	5.4 CITY-ST-			Пс	nange Addition
CITY-ST-ZIP		DELETE	5.4 CITY-ST- 6.1 TITLE			c	hange Addition
CITY-ST-ZIP TITLE NAME		DELETE	5.4 CITY-ST- 6.1 TITLE 6.2 NAME	ZIP		c	hange Addition
CITY-ST-ZIP		DELETE	5.4 CITY-ST- 6.1 TITLE	ZIP		c	hange [] Addition

pylemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that it receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name in an attachment with an address. I am an officer or director of the corp appears in Block 12 or Block 13 if of