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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

FILED

Apr 25 1997 8:00am

Secretary of State

(96/6)

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # K80571

(8)

RCS MANAGEMENT, INC.

STREET ADDRESS

Principal Place of Business Mailing Address C/O STAFFORD C/O STAFFORD 201 OCEAN KEY WAY **201 OCEAN KEY WAY** JUPITER FL 33477 JUPITER FL 33477-7359 3a. Date of Last Report 3. Date Incorporated or Qualified 04/14/1989 04/29/1996 2a. Mailing Address 4. FEI Number Applied For 2. Principal Place of Business 65-0110326 Not Applicable 26 Suite, Apt. #, etc. Sulte, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 28 Zip Country Country Zip 8. This corporation has liability for intangible tax under s. 199.032, Yes K No 25 29 30 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 MCWEBB, RUTH D. 613 ROYAL CREST WAY 82 Street Address (P.O. Box Number is Not Acceptable) **BRANDON FL 33511** 83 84 City Zip Code 85 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) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. Change ☐ Addition □ DELETE 1.1 TITLE TITLE STAFFORD, ROLAND NAME 1.2 NAME 201 OCEAN KEY WAY 1.3 STREET ADDRESS STREET ADDRESS JUPITER FL 1.4 CHY-S1-7IP CITY-ST-ZIP DELETE Change Addition 2.1 TH (F TITLE STAFFORD, SUSAN NAME 2.2 NAME 201 OCEAN KEY WAY 2.3 STREET ADDRESS STREET ADDRESS Jupiter Fl 2. 4 CITY - S1 - ZIP CITY-ST-ZIP Change Addition DELETE 3.1 TITLE TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - \$1 - ZIP DELETE Change Addition 4.1 TITLE TITLE 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 C(1Y - S1 - Z(P CITY-ST-ZIP ☐ Addition Change TITLE DELFTE 5.1 TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP Addition DELETE Change 6.1 TITLE TITLE 6.2 NAME NAME

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). 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 trystee 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.

6.3 STREET ADDRESS

64 CITY-ST-7IP