## SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

**PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham FILED ANNUAL REPORT Secretary of State 1997 DIVISION OF CORPORATIONS AUG 15 AM 8: 30 DOCUMENT # L04261 (8) SECRETARY OF STATE TALLAHASSEE, F RCS PROPERTIES, INC. Principal Place of Business Mailing Address 1800 PENIN ST 1500 F ATLANTIC ST MELBOURNE BEACH FL 32951 MELBOURNE FL 32901 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 3a. Date of Last Report 07/24/1989 01/24/1996 2a. Mailing Address 2. Principal Place of Business 4. FEI Number Applied For 1800 PENN STREET 59-2960778 21 26 Not Applicable Sulte, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired SUITE 3 22 Fee Required City & State City & State \$5.00 May Be 6. Election Campaign Financing MELBOURNE, FLORION Trust Fund Contribution 23 28 Added to Fees Zip Country 8. This corporation owes or has paid the current year Intangible 3290/ BREVARO 24 25 29 Personal Property Tax due June 30. Yes Yes □ No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name LAGANO, ALBERT S. 1900 PALM BAY RD NE 82 Street Address (P.O. Box Number is Not Acceptable) SUITE G 83 PALM BAY FL 32905 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** (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable DATE 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. (4) DST 700002272357 TITLE ☐ DELETE 1.1 TITLE ☐ Addition STUHMILLER, ROBERT C. NAME 1.2 NAME CR2E034 -08/20/97--01077--014 1500 F ATLANTIC ST STREET ADDRESS 1.3 STREET ADDRESS \*\*\*\*165.00 MELBOURNE BEACH FL \*\*\*\*165.00 CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE STUHMILLER, ROBERT C. 2.2 NAME NAME 1500 F ATLANTIC ST STREET ADDRESS 2.3 STREET ADDRESS MELBOURNE BEACH FL CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY- ST-ZIP DELETE TITL 4.1 TITLE Change Addition 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE TITLE 5.1 TITLE Change Addition NAME **5.2 NAME** STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE Addition TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP CITY-ST-ZIP 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 trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 it shanged, or on an attachment with an address.

MONATURE PEAURED

R.C.S.
PROPERTIES, INC.

August 13, 1997

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

ATTN: Annual Reports

To Whom It May Concern:

Enclosed is my payment of \$165.00 for the annual registration. The first notice was never received; therefore, I ask that the penalty be waived. A review of my account will show that I have always made prompt payments in the past.

Very truly yours,

R.C.S. PROPERTIES, INC.

Robert C. Stuhlmiller, President

RCS/lm

Enclosure