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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

FILED Mar 03 1998 8:00am Secretary of State

DOCU 1. Corporation		# L6	1856		(5)							
		RCUS, INC.			•							
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Principal Place of Business Mailing Address												
3325 GRIFFIN ROAD SUITE 111				3325 GRIFFIN ROAD SUITE 111								
FT LAUDERDALE FL 3312				FT LAUDERDALE FL 33312					DO NOT WRITE	IN THIS S	PACE	
US US									3. Date Incorporated or Qualified			
									04/03/1990			
2. Principal Place of Business				2a. Mailing Address					4, FEI Number		Ap	plied For
21				26					65-0184315			t Applicable
Suite, Apt. #, etc.				Suite, Apt. #, etc.					5. Certificate of Status Desired		\$8.75	
City & State				City & State							Fee Re	
23				28					Election Campaign Financing Trust Fund Contribution		\$5.00 Added 1	
Zip	, <u> </u>			Zip Cour 30			,	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No				
	9, Name	and Address			ent	1001			10. Name and Address of New Re			3.110
SAUL B LIPSON & COMPANY							Name					
1515 UNIVERSITY DRIVE						82	Street #	Addres	dress (P.O. Box Number is Not Acceptable)			
SUITE 222							00017	todiou	o (.o. box Haribor is Hot Nocopial	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
CORAL SPRINGS FL 33071						83						
						84	City				85 Zip (Code Code
										<u>FL</u>	'	1
 Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes office or registered agent, or both, in the State of Florida. Such change was aut agent. I am familiar with, and accept the obligations of, Section 607.0505, Florid 							e-named the corp 	corpor coration	ration submits this statement for the p n's board of directors. I hereby accep	ourpose of our the appo	changing its intment as	s registered registered
SIGNATURE												
12.	Signature, typed	or printed name of re	gistered agent and I CERS AND DIR		⊙ (NO1	E Registered Age	nt eignatura	required		DATE	DIDEATOR	0 151 40
TITLE	DPS	OFFIC	ZENS AND DIN	ECTORS	DELETE	1.1 TITLE	Т		ADDITIONS/CHANGES TO OFFIC		Change	Addition
NAME		S, ROBERT W	l.	•		1.2 NAME					Onearigo	L_J Addition
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CITY-ST-ZIP	ET LAUDEODALE EL						1.4 CITY-ST-ZIP					
TITLE				[DELETE	2.1 TITLE					Change	Addition
NAME						2.2 NAME					-	
STREET ADDRESS						2.3 STREET	ADDRESS					ŀ
CITY-ST-ZIP						2. 4 CITY-5	37-ZIP					
TITLE					DELETE	3.1 TITLE			***	[Change	Addition
NAME						3.2 NAME						
STREET ADORESS						3.3 STREET						
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STREET ADDRESS						4.3 STREET						
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NAME				L	0	5.1 TITLE 5.2 NAME				L	-1 Cualific	T Vagariagii
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CITY-ST-ZIP						5.4 CITY-S	· 1					
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NAME				_		6.2 NAME	Ì			_	•	
STREET ADDRESS						6.3 STREET	ADDRESS					
CITY-ST-ZIP						6.4 CITY - ST	i					
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I 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 if changed, of the corporation of the corporat

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