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Jan 14 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Moynihan
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **M97203** (7)

1. Corporation Name:
R.C. AND ASSOCIATES WORLD WIDE, CORP.

Principal Place of Business
**5009 PELLEPORT AVE.
ORLANDO FL 32812**

Mailing Address
**5009 PELLEPORT AVE.
ORLANDO FL 32812-1124**



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified
08/30/1988

3a. Date of Last Report
05/28/1996

4. FEI Number
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

9. Name and Address of Current Registered Agent

**SOUTHERN, LEE B.
818 N. THORNTON PL.
ORLANDO FL 32803**

10. Name and Address of New Registered Agent

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 or director (if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **P CHRISTENSEN, DR. R.M.**
STREET ADDRESS **5009 PELLEPORT AVE.**
CITY- ST- ZIP **ORLANDO FL**

TITLE ☐ DELETE

NAME **VP REID, GAIL G**
STREET ADDRESS **745 POND PINE CT.**
CITY- ST- ZIP **ORLANDO FL**

TITLE ☐ DELETE

NAME **ST CHRISTENSEN, B.A.**
STREET ADDRESS **5009 PELLEPORT AVE**
CITY- ST- ZIP **ORLANDO FL**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY- ST- ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY- ST- ZIP

21 NAME

22 NAME

23 STREET ADDRESS

24 CITY- ST- ZIP

31 NAME

32 NAME

33 STREET ADDRESS

34 CITY- ST- ZIP

41 NAME

42 NAME

43 STREET ADDRESS

44 CITY- ST- ZIP

51 NAME

52 NAME

53 STREET ADDRESS

54 CITY- ST- ZIP

61 NAME

62 NAME

63 STREET ADDRESS

64 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 if changed, or on an attachment with an address.

SIGNATURE:

B.A. Christensen
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
B.A. CHRISTENSEN

1/7/97
Date

407-855-0032
Daytime Phone #

CR2E034 (9/96)