## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT

1996

R C SEARCH, INC.



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporation Name

P93000058930 (7)

SECRETARY OF STATE DIVISION OF CORPORATIONS

95 SEP 16 MM 9: 39



Principal Plac	ce of Business	Mailing Address									
RC SEARCH INC. SUITE 149. 17105 SAN CARLOS BLVD.A6 FT. MYERS BEACH FL 33931		RC SEARCH INC. SUITE 149, 17105 SAN CARLOS BLVD.A6 FT. MYERS BEACH FL 33931			3.	Date Incorporated or Qualified	3a. Date o	of Last	Report		
							Date Incorporated or Qualified 09/01/1993	3a. Date 0	21/19	995	
2. Principal I	Place of Business	2a. Mailing Addre	SS			4.	FEI Number <b>65-0428710</b>	<u> </u>		Applied For Not Applicable	
Suite, Apl	l. #, etc.	Suite Apt. #,	etc			5.	Certificate of Status Desired			5 Additional Required	
City & Sta	ate	City & State				6.	Election Campaign Financing Trust Fund Contribution		-	00 May Be ed to Fees	
Zip <b>24</b>	Country 25	∠φ <b>29</b>	30	Gountry 30				lability for intangible tax under s 199.032, ☐ Yes ☐ No			
	9. Name and Address of Curre	ent Registered Agent				10.	Name and Address of New F	egistered A	gent		
CADE	S, MARILOU R			81	Name						
TE. 149, 17105 SAN CARLOS BLVD				82 Street			O. Box Number is Not Acceptab	le)			
A6	VEGO EL 4000			83							
FI. M	YERS FL 33931			84	City			FL	85 4	Zip Code	
SIGNATURE	Signature, typed or printed harve of registered ages		rantes.  rante Registrati	l Ag⊨i	N Sign वीवार संस्थान	st whelere	ADDITIONS/CHANGES TO OFF	DATE ICERS AND I	DIBECT	ORS IN 12	
TITLE	CS	DELE		ITLE		· <b></b>	ADDITIONS/GHANGES TO OIT		Change	<del></del>	
NAME	CADES, MEL	<del></del>	1 2 N								
STREET ADDRESS	s 17105 SAN CARLOS BLVD.	SUITE 149	135	TREET	ADDRESS						
CITY-ST-ZIP	FT. MYERS FL		140	HY-S	31 - ZIP						
TITLE	P	DELE	TE 217	·1LE					Change	Add tion	
NAME	CADES, MARILOU	OUTE 440	2 2 N	44/15							
STREET ADDRESS		SUITE 149	235	LHEET	ADDRESS						
CITY · ST · ZIP	FT. MYERS FL				I 200			<del>001</del> 4	45	<b>8048</b>	
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NAME STREET ADDRESS			32 N		L Africo Co		****2	25.00	***	*225.00	
CITY - ST - ZIP	°				LADDRESS ST-ZiP						
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CITY - ST - ZIP				1Y-S	S1 - ZiF						
TITLE		DELE	ît. 517	illE					Change	Addition	
NAME			5.2 N	4ME							
	o 1				ADGODEC						
STREET ADDRESS	<b>&gt;</b>			TREFT	MUUMI 55						
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CITY- # - ZIP TITLE *		☐ DELE	53 S 54 C 1E 6 1 T 62 N	·TY - S ITLE AME	ST - ZiP				Change	Addition	
CITY- 9 - ZIP		☐ DELE	53 S 54 C 1E 6 1 T 62 N	·TY - S ITLE AME					Спапде	☐ Addilion	

4. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes I further certify that the information indicated on this arrival report or suppliemental annual report is true and accurate and that my signature shall have the same legal effect as if made under cath; that I am an officer or director of the consortation or his reserver or trustee emprawered 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 all filmient with an address.

SIGNATURE

Melvin Carles Melvin CA-01

9/9/96

800-25 6-06**5**4

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