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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000075312

1. Corporation Name

RSC DEVELOPMENT, INC.

Principal Place	e of Business	Mailing Address				1 100 (100 1 110 13100 11111 3011) ***	(1) 40) (1)	9 6 81 91199 #11	31 11818 1181 1881
766 NE 20TH		4523 SW 64TH AVE				İ			
401-BRICKELL AVE-SUITE 789		MIAMI FL 33155			DO NOT WRI	TF IN THIS	SPACE		
DCALA FL 34479 IS		US		3. Date Incorporated or Qualifed					
,,,						10/28/1993			1
Princinal Pl	face of Business	2a. Mailing Address				4. FEI Number			pplied For
	rade or business	26				65-0445572			lot Applicable
Suite, Apt.	#. etc.	Suite, Apt. #, etc.							Additional
5]	.,,	27				5. Certifcate of Status Desired		•	Required
City-& State	0-	City & State				-6. Election Campaign Financing		<u>\$5.00</u>)-May Be
3		28				Trust Fund Contribution	Ц	•	to Fees
Zip	Country	Zip	Cou	ntry		8. This corporation owes the curr	ent year inta	ingible	
•	25	29	30			Personal Property Tax.		☐ Yes	□ No
	9. Name and Address of Curren	t Registered Agent				10. Name and Address of New F	Registered A	Agent	
				81	Name				
	SE, RONALD S			82	Street Addre	ss (P.O. Box Number is Not Accepta	able)	_	
	3 SW 64TH AVE				Oli GOL Filadi G		,		
MAIM	MI FL 33155	•		83					
				84	City	<u> </u>		85 Zip	Code
				••	Oity	4.	FL	05 2.5	
SIGNATURE	Signature, typed or printed name of registered agen		: Registered		ignature required	when reinstating)	6-25.	-79	
SIGNATURE	Signature, typed or printed name of registered agen OFFICERS AN	Trand title if applicable. (NOTE	E: Registered	Agent s			6-25.	D DIRECT	ORS IN 12
SIGNATURE 12.	Signature, typed or printed name of registered agen OFFICERS AN	it and title if applicable. (NOTE	13.	Agent s		when reinstating)	6-25.	-79	ORS IN 12
SIGNATURE 12. ITLE IAME	Signature, typed or printed name of registered agent OFFICERS AN DPST CHASE, RONALD S	Trand title if applicable. (NOTE	13. 1.1 TR	Agent s	signature required	when reinstating)	6-25.	D DIRECT	ORS IN 12
SIGNATURE 12. ITLE IAME STREET ADDRESS	Signature, typed or printed name of registered agent OFFICERS AN DPST CHASE, RONALD S 4523 SW 64 AVE	Trand title if applicable. (NOTE	13. 1.1 TII 1.2 NA 1.3 ST	Agent s TLE ME REET A	DORESS	when reinstating)	6-25.	D DIRECT	ORS IN 12
SIGNATURE 12. ITLE IAME STREET ADDRESS SITY-ST-ZIP	Signature, typed or printed name of registered agent OFFICERS AN DPST CHASE, RONALD S 4523 SW 64 AVE MIAMI FL	Trind tille if applicable. (NOTE ID DIRECTORS DELETE	13. 1.1 TII 1.2 NA 1.3 ST 1.4 CI	Agent s TLE ME REET AI	DORESS	when reinstating)	6-25.	D DIRECT	ORS IN 12
SIGNATURE 12. ITLE IAME ITREET ADDRESS ITY-ST-ZIP ITLE	Signature, typed or printed name of registered agen OFFICERS AN DPST CHASE, RONALD S 4523 SW 64 AVE MIAMI FL DVP	Trand title if applicable. (NOTE	13. 1.1 TII 1.2 NA 1.3 ST 1.4 CF 2.1 TII	Agent s TLE ME REET AI TY-ST-Z	DORESS	when reinstating)	6-25.	D DIRECT	ORS IN 12
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SIGNATURE 12. ITLE IAME STREET ADDRESS SITY-ST-ZIP ITLE ITREET ADDRESS SITY-ST-ZIP ITLE	Signature, typed or printed name of registered agent OFFICERS AN OFFICERS AN OFFICERS AN ASSAURANCE OF THE OFFICERS AN ASSAURANCE OF THE OFFICERS AN	Trand title if applicable. (NOTE ID DIRECTORS DELETE	13. 1.1 TII 1.2 NA 1.3 ST 1.4 CI 2.1 TII 2.2 NA 2.3 ST 2.4 C	Agent s TLE WE REET AI TY-ST-Z TLE WE REET AI TY-ST-I	DORESS DDRESS	when reinstating)	6-25.	D DIRECT Change	ORS IN 12 Addition
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ITY-ST-ZiP 4. 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 or on an attachment with an address, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

TREET ADDRESS

ME OF SIGNING OFFICER OR DIRECTOR