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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B Mortham

1996

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000085908 REVENUE CONTROL, INC.					
Principal Place of Business Mailing Address 502 NW GALLOWAY RD #409 MIAMI, FL 33172-5718 Mailing Address 502 NW GALLOWAY RD #409 MIAMI, FL 33172-5718					
Principal Place of Business 28. Mailing Address				 Date Incorporated or Qualified 12/16/93 	3a. Date of Last Report 1995
21 1528 POWER HORNRD, W. 26				4. FEI Number 65-0475872	Applied For Not Applicable
Suite, Apt.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & Stat	SVILLE FLORIDA	City & State	•	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be
Zip 24 327	Country	Zip	Country	8. This corporation has liability for	
	9. Name and Address of Current I	29 Registered Agent	30	Florida Statutes X Yes 10. Name and Address of New Re	No
IMHOLZ, FRANK J 81 Name					-
502 NW GALLOWAY RD. #409 MIAMI, FL 33172-5718				dress (P.O. Box Number is Not Acceptal	ole)
			84 City		[22] 2 Oct
11 Purcuant	to the provisions of Continue COZ OFOR	202	1 - 1,		FL 85 Zio Code
agent La	to the provisions of Sections 607.0502 a egistered agent or both, in the State of im familiar with, and accept the obligation	and 607.1508, Florida Statut Florida. Such change was a ons of, Section 607 0505, Flo	es, the above-named cor authorized by the corpora orida Statutes	poration submits this statement for the patients board of directors. I hereby acception's board of directors.	ourpose of changing its registered of the appointment as registered
	Signature, typed or printed namic of registered agent a	nd life if applicable (NOT	E Hegistered Agent's gnature requi	irled when reinstating)	DATE
12.	OFFICERS AND D	DIRECTORS	13.	ADDITIONS/CHANGES TO OFFIC	
TITLE	P	☐ DELETE	1 1 TITLE		☐ Change ☐ Addition
NAME STREET ADDRESS	FRANK J. IMHOLZ		1.2 NAME		
CITY-ST ZIP	502 NW GALLOWAY RD.	_#409	1.3 STREET ADDRESS		
TALE	MIAMI. FL 331/2-571	B DELETE	1.4 CITY - \$1 - 2IP		
NAME	JEANNE M. IMHOLZ	•	2 1 TITLE 2 2 NAME		☐ Change ☐ Add tion
STREET ADDRESS	1528 POWDER HORN	COAN WEST	23 STREET ADDRESS	,	i
CHTY-ST ZIP	TITUSVILLE FL 3279	36	2 4 CHTY - ST - ZIP		
THILE	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	DELETE	3 1 TIFLE		Cnange Addition
NAME			3 2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY ST-ZIP			3.4 CITY - ST - ZIP		ļ
TIT, F		☐ DELETE	4 1 TITLE		Change Addition
NAME FROM LADDOCCO			4 2 NAME	90000400	
STREEF ADDRESS CHTY-ST-ZIP			4.3 STREET ADDRESS	-05/03/960100	7409
THE		DELETE	4 4 CHTY - ST - ZIP	90000180 -05/03/960103 ***200.00	10029
NAME			5 1 TITLE 52 NAME	200.00	Change Addition
STREET ADDRESS			5.3 STREET ADDRESS		
C-TY-ST ZIP			5 4 CITY-ST-ZIP		
T-TLE		DELETE	6 1 TITLE		Change Addition
NAME			6 2 NAME		Shange Carollell
STHEET ADDRESS			6.3 STREET ADDRESS		121
CrTY - ST - ZIP			6.4 City-St-7iP		` 7 `
 I do hereby further cert 	y certify that the information supplied wi	th this filing is voluntarily fur	nished and does not qua	lify for the exemption stated in Section 1	19.07(3)(k), 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: SIGNATURE AND TYPED OR PRINTED MANE OF SIGNING OFFICER OR DIRECTOR OF RANK J. I MIHOLZ

4/25/964 305-233-7-130