SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # **P94000036951 (9)**

1. Corporation Name
R.C. STAMPAR, INC.

Principal Place of Business	Mailing Address
1000 US HWY ONE JAMAICA 303 JUPITER FL 33477	1000 US HWY ONE JAMAICA 303 JUPITER FL 33477

3. Date Incorporated or Qualified: 05/17/1994
3a. Date of Last Report: 03/28/1995

2. Principal Place of Business
21: 29 N. ORANGE Ave.
22: Suite, Apt #, etc
23: City & State: JUPITER FL.
24: Zip: 33458
25: Country: USA

2a. Mailing Address
26: 29 N. ORANGE Ave.
27: Suite, Apt # etc
28: City & State: JUPITER FL
29: Zip: 33458
30: Country: USA

4. FEI Number: 65-0484129 ☐ Applied For ☐ 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

STAMPAR, CATHY
1000 US HWY ONE
JAMAICA 303
JUPITER FL 33477

10. Name and Address of New Registered Agent

81 Name: STAMPAR, RAINER
82 Street Address (P.O. Box Number is Not Acceptable): 29 N. ORANGE AVE
83
84 City: JUPITER FL 85 Zip Code: 33458

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 I accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: RStampar RAINER STAMPAR, PRESIDENT 6/20/96
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature is required when name is changed.) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE	P	■ Change ☐ Addition
NAME	STAMPAR, RAINER		1.2 NAME	STAMPAR, RAINER	
STREET ADDRESS	1000 US HWY ONE		1.3 STREET ADDRESS	4100-489 TANGLEWOOD EAST	
CITY-ST-ZIP	JUPITER FL 33477		1.4 CITY-ST-ZIP	PALM BEACH GARDENS, FL	
TITLE	D	■ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	STAMPAR, CATHY		2.2 NAME		
STREET ADDRESS	1000 US HWY ONE		2.3 STREET ADDRESS		
CITY-ST-ZIP	JUPITER FL 33477		2.4 CITY-ST-ZIP		
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (3/96)

14. 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 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: RStampar RAINER STAMPAR, PRES. 6/20/96 407.575.6477
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #