FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT

1995

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

APPROVED AND FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000041370 (5)**

1. Corporate Name

RP'S LOCURAS, INC.

Principal Place of Business

1542 S.W. 18TH TERRACE
FORT LAUDERDALE FL 33312

Mailing Address

1542 S.W. 18TH TERRACE
FORT LAUDERDALE FL 33312

(DO NOT WRITE IN THIS SPACE)

3. Date Incorporated or Qualified: **06/02/1994**

3a. Date of Last Report:

2. Principal Place of Business
21

2a. Mailing Address
26

Suite, Apt. # or Bldg.
22

Suite, Apt. # or Bldg.
27

City & State
23

City & State
28

Zip
24

County
25

Zip
29

County
30

4. FEI Number: **65-0499360**

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 intangibles tax under § 199.032 Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

PARKINSON, ROBERT A
1542 S.W. 18TH TERRACE
FORT LAUDERDALE FL 33312

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 607.1005 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

(If changing Registered Agent, Registered Agent must sign here.) (If changing Registered Agent, new agent must sign here.) (Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS (FL)	
01 TITLE	DP	01 TITLE	☐ Change ☐ Addition
NAME	PARKINSON, ROBERT A	02 NAME	
STREET ADDRESS	1542 S.W. 18 TERR	03 STREET ADDRESS	
CITY-ST-ZIP	FT LAUDERDALE FL 33312	04 CITY-ST-ZIP	
TITLE		05 TITLE	☐ Change ☐ Addition
NAME		06 NAME	
STREET ADDRESS		07 STREET ADDRESS	
CITY-ST-ZIP		08 CITY-ST-ZIP	
TITLE		09 TITLE	☐ Change ☐ Addition
NAME		10 NAME	
STREET ADDRESS		11 STREET ADDRESS	
CITY-ST-ZIP		12 CITY-ST-ZIP	
TITLE		13 TITLE	☐ Change ☐ Addition
NAME		14 NAME	
STREET ADDRESS		15 STREET ADDRESS	
CITY-ST-ZIP		16 CITY-ST-ZIP	
TITLE		17 TITLE	☐ Change ☐ Addition
NAME		18 NAME	
STREET ADDRESS		19 STREET ADDRESS	
CITY-ST-ZIP		20 CITY-ST-ZIP	
TITLE		21 TITLE	☐ Change ☐ Addition
NAME		22 NAME	
STREET ADDRESS		23 STREET ADDRESS	
CITY-ST-ZIP		24 CITY-ST-ZIP	

14. I declare, I certify that the information supplied with this filing is voluntarily furnished and 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 added on an attachment with an address.

SIGNATURE: Robert A Parkinson ROBERT A. PARKINSON 4-13-95 305/327-7127

SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR (Date) (Telephone Number)

0220275 CP