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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 10 AM 11:58

DOCUMENT # P94000042358 (9)

1. Corporation Name
R & C MANAGEMENT SERVICES, INC.

Principal Place of Business	Mailing Address
3919 IBIS DRIVE ORLANDO FL 32803	3919 IBIS DRIVE ORLANDO FL 32803

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 3919 Ibis Drive
22 Suite, Apt. #, etc.
23 City & State: Orlando, FL
24 Zip: 32803
25 Country: USA

2a. Mailing Address
26
27 Suite, Apt. #, etc.
28 City & State
29 Zip
30 Country

4. FEI Number: 59-324 8703 ☐ 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

COHEN, BETSY J
3919 IBIS DRIVE
ORLANDO FL 32803

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 607.0502 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 accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE	P/T	☒ Change ☒ Addition
NAME	COHEN, BETSY J	1.2 NAME	Betsy J. Cohen	
STREET ADDRESS	3919 IBIS DRIVE	1.3 STREET ADDRESS	3919 Ibis Drive	
CITY-ST-ZIP	ORLANDO FL 32803	1.4 CITY-ST-ZIP	Orlando, FL 32803	
TITLE	C/	2.1 TITLE	C/V/	☐ Change ☒ Addition
NAME	Harvey Cohen	2.2 NAME	Harvey Cohen	
STREET ADDRESS	3919 Ibis Drive	2.3 STREET ADDRESS	3919 Ibis Drive	
CITY-ST-ZIP	Orlando, FL 32803	2.4 CITY-ST-ZIP	Orlando, FL 32803	
TITLE		3.1 TITLE	S	☐ Change ☒ Addition
NAME		3.2 NAME	Pedro Rodriguez	
STREET ADDRESS		3.3 STREET ADDRESS	3919 Ibis Drive	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Orlando, FL 32803	
TITLE		4.1 TITLE		☐ Change ☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

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)(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 above, or on an attachment with an address.

SIGNATURE: Betsy J Cohen 1/7/95 407-894-4478
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0065340 CP