FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998

Principal Place of Business 3919 Ibis D



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000042358 (9)

R & C MANAGEMENT SERVICES, INC.

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

2a. Mailing Address

Suite, Apt. #, etc.

FILED Feb 09 1998 8:00am Secretary of State

DO NOT WRITE IN THIS SPACE

Applied For

\$8.75 Additional

Fee Required

Not Applicable

3. Date Incorporated or Qualified

06/02/1994

59-3248703

5. Certificate of Status Desired

FEI Number

Zip Country Zip Country 29 30 30 Personal Property Tax due June 30. Yes No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent COHEN, BETSY J 3919 IBIS DRIVE ORLANDO FL 32803 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83	City & State 23 ORlando, F	Lorida	City & State) -				Campaign Financin	9 _	\$5.00		1
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9. Name and Address of Current Registered Agent COHEN, BETSY J 3919 IBIS DRIVE ORLANDO FL 32803 182 Street Address (P.O. Box Number is Not Acceptable) 192 Street Address (P.O. Box Number is Not Acceptable) 193 Vame 194 City FL 85 Zip Code 194 City FL 85 Zip Code 195 City City							6. This corporation owes of this paid the current					
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3919 IBIS DRIVE ORLANDO FL 32803 82 Sireet Address (P.O. Box Number is Not Acceptable) 83 Sireet Address (P.O. Box Number is Not Acceptable) 84 City FL 85 Zip Code 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Fiorida Statures, the above-named corporation submits this statement for the purpose of changing lis registered office or registered agent, or both, in the State or Florida, Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, and accept the obligations of, Section 607.0505, Florida Statures, Provided Statures, Interest agent, I am familiar with, and accept the obligations of, Section 607.0505, Florida Statures, Provided Statures, Interest agent, I am familiar with, and accept the obligations of, Section 607.0505, Florida Statures, I am a comparison of the provisions of the provisions of Section 607.0505, Florida Statures, I am a comparison of the provisions of Section 607.0505, Florida Statures, I am a comparison of the provisions of Section 607.0505, Florida Statures, I am a comparison of the provisions of Section 607.0505, Florida Statures, I am a comparison of the provisions of Section 607.0505, Florida Statures, I am a comparison of the provisions of Section 607.0505, Florida Statures, I am a comparison of the provisions of Section 607.0505, Florida Statures, I am a comparison of the provision of the provisions of Section 607.0505, Florida Statures, I am a comparison of the provision of the provisions of the provision of the provision of the provisions of Section 607.0505, Florida Statures, I am a comparison of the provision of the pro	COHEN, BETSY J					Name				-		7
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T1. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purcose of changing list 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 arm familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, Speed or physical name of registered agent and title if applicable. (NOTE, Proprieted Agent dispenses required whon reinstating) DATE 12. OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 NAME 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 SIGNATURE COHEN, BETSY J 12. NAME 13. SIREET ADDRESS 13. SIREET ADDRESS ORLANDO FL 14. CITY, 51. ZIP TITLE CV DELETE 21. TITLE CV CCHEN, HARBEY 22. SIMME 3919 BISS DRIVE ORLANDO FL 12. NAME 3919 BISS DRIVE 23. SIREET ADDRESS CITY-S1-ZIP TITLE S ORLANDO FL 14. CITY-S1-ZIP ORLANDO FL 24. CITY-S1-ZIP TITLE S ORLANDO FL 32. SIREET ADDRESS CITY-S1-ZIP ORLANDO FL 33. SIREET ADDRESS CITY-S1-ZIP ORLANDO FL 34. CITY-S1-ZIP Change Addition Addition Addition Addition Addition Addition Addition Addition AMME SIREET ADDRESS CITY-S1-ZIP ITILE DELETE 4. TITLE Change Addition Addition Addition Addition Addition Addition AMME SIREET ADDRESS CITY-S1-ZIP ITILE DELETE 5. TITLE Change Addition Addition Addition Addition AMME SIREET ADDRESS CITY-S1-ZIP ITILE DELETE 5. TITLE Change Addition Addition Addition Addition AMME SIREET ADDRESS CITY-S1-ZIP ITILE DELETE 5. TITLE Change Addition Addition ADDITIONS/CHANGES CITY-S1-ZIP Addition ADDITIONS/CHANGES CITY-S1-ZIP ADDITIONS/CHANGES CITY-	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				102	Oli GEL M	rodress (r.O. box N	difficer is Not Accep	naule)			ĺ
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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 a 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.

GNATURE:

107-894-4478

SIGNATURE: