

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # P94000069880 (0)

1. Corporation Name

R. C. MANUFACTURING, INC.



Principal Place of Business

11961 31ST CT N  
ST PETERSBURG FL 33716

Mailing Address

11961 31ST CT N  
ST PETERSBURG FL 33716

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified  
09/22/1994

3a. Date of Last Report  
03/28/1995

4. FEI Number

06-1415621

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

RAMACIERE, DINO  
11961 31ST CT N  
ST PETERSBURG FL 33716

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

Signature typed or printed name of registered agent (if applicable)

(If Applicable) Registered Agent Signature required when changing

DATE

12. OFFICERS AND DIRECTORS

| TITLE                    | NAME             | STREET ADDRESS         | CITY-ST-ZIP            | DELETE                   |
|--------------------------|------------------|------------------------|------------------------|--------------------------|
| D                        | NISSelson, PETER | 2 MADISON              | LARCHMONT NY 10538     | <input type="checkbox"/> |
| D                        | KARLAN, KENNETH  | 8 FRANCIS J CLARKE CIR | BETHEL CT 06801        | <input type="checkbox"/> |
| D                        | SESSLER, KEITH   | 8 FRANCIS J CLARKE CIR | BETHEL CT 06801        | <input type="checkbox"/> |
| D                        | RAMACIERE, DINO  | 11961 31ST CT N        | ST PETERSBURG FL 33716 | <input type="checkbox"/> |
| <input type="checkbox"/> |                  |                        |                        | <input type="checkbox"/> |
| <input type="checkbox"/> |                  |                        |                        | <input type="checkbox"/> |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| 11 TITLE | 12 NAME | 13 STREET ADDRESS | 14 CITY-ST-ZIP | Change                   | Addition                 |
|----------|---------|-------------------|----------------|--------------------------|--------------------------|
| 21 TITLE | 22 NAME | 23 STREET ADDRESS | 24 CITY-ST-ZIP | <input type="checkbox"/> | <input type="checkbox"/> |
| 31 TITLE | 32 NAME | 33 STREET ADDRESS | 34 CITY-ST-ZIP | <input type="checkbox"/> | <input type="checkbox"/> |
| 41 TITLE | 42 NAME | 43 STREET ADDRESS | 44 CITY-ST-ZIP | <input type="checkbox"/> | <input type="checkbox"/> |
| 51 TITLE | 52 NAME | 53 STREET ADDRESS | 54 CITY-ST-ZIP | <input type="checkbox"/> | <input type="checkbox"/> |
| 61 TITLE | 62 NAME | 63 STREET ADDRESS | 64 CITY-ST-ZIP | <input type="checkbox"/> | <input type="checkbox"/> |

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

SIGNATURE:

*DINO Ramaciere*

2/9/96

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Date of Filing

CR2E034 (12/95)