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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000069880 (0)

R. C. I	MANUFACTURING, INC.				NA PARA PARA RANG AND ARA
Principal Plac	ce of Business	Mailing Address	···	{	IXA HEKON UBUUN IBNIN BARK UBUK
11961 31ST CT N 11961 31ST CT N ST PETERSBURG FL 33716 ST PETERSBURG FL 33716				DO NOT WRITE IN THIS 3. Date incorporated or Qualified	S SPACE
				09/22/1994	
2. Principal Place of Business 2a. Mailing Address		,	4. FEI Number	Applied For	
21 26				06-1415621	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Z ₁ p	Country 25	Zip	Country 30	This corporation owes or has paid the c Personal Property Tax due June 30.	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
RAMACIERE, DINO 81 Name					
11961 31ST CT N			82 Street Addre	ess (P.O. Box Number is Not Acceptable)	
ST PETERSBURG FL 33716					
			83		
			84 City	FI	85 Zip Code
11. Pursuant to the provisions of Sections 607.050? and 607.1508. Florida Statutes, the above-named corporat office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's agent. I am familiar with, and accept the obligations of, Section 607.0605, Florida Statutes.					_
office or	registered agent, or both, in the State	of Florida. Such change was a	uthorized by the corporati	ion's board of directors. I hereby accept the ap	pointment as registered
SIGNATURE	arry ramma. With and accept the oblig	10000, 100000 10000, 10000, 100	noa Grandes.		ļ
SIGNATURE	Signature typed or printed name of registered ag		Registered Agent signature require		
12.	T	ID DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AN	
TITLE	D MICCELCON DETER	DELETE	1.1 TITLE		Change Addition
NAME STREET ADDRESS	NISSELSON, PETER 2 MADISON		1.2 NAME 1.3 STREET ADDRESS		
CITY-ST-ZIP	LARCHMONT NY 10538		1.4 CITY - ST- ZIP		
TITLE	D	DELETE	2.1 TITLE		Change Addition
NAME	KARLAN, KENNETH		2.2 NAME		
STREET ADDRESS	8 FRANCIS J CLARKE CIR		2.3 STREET ADDRESS		
CITY-ST-ZIP	BETHEL CT 06801		2. 4 CITY-ST-ZIP		İ
TITLE	D	DELETE	3.1 TITLE		Change Addition
NAME	SESSLER, KEITH		3.2 NAME		
STREET ADDRESS	8 FRANCIS J CLARKE CIR		3 3 STREET ADDRESS		
CITY-ST-ZIP	BETHEL CT 06801		3.4. CITY-ST-ZIP	4-1-1	
TITLE	D D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	RAMACIERE, DINO		4. 2 NAME		
STREET ADDRESS	11961 31ST CT N ST PETERSBURG FL 33716		4.3 STREET ADDRESS		}
CITY-ST-ZIP TITLE	SI PETENSOUNU PL 33/16	DELETE	4.4 CITY-ST-ZIP 5.1 TITLE		Change Addition
NAME		LJ VICCIC	5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		ļ
CITY-ST-ZIP			5.4 CITY-ST-ZIP		1
TITLE		DELETE	61 TITLE		Change Addition

14. I hereby certify that the information supplied with this filing 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 suppliemental 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 trusted 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.

6 3 STREET ADDRESS

6.4 CITY - ST - ZIP

SIGNATURE:

NAME

STREET ADDRESS

FILED

Apr 20 1998 8:00am

Secretary of State