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 #

P94000082100 (6)

RUSSCO, INC.

FILED Apr 27 1998 8:00am Secretary of State

Principal Place of Business Mailing Address				t inninnt iid fåtti binit omits natti antil nain) INTER COMMON FEMAN MARKE SAME
13351 MCGREGOR BLVD. 13351 MCGREGOR BLVD. FORT MYERS FL 33919					
				DO NOT WRITE IN THIS SPACE	
				3. Date Incorporated or Qualified	
	······································			11/08/1994	
_	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
21 Suite, Apt.	# Ato	Suite, Apt. #, etc.		65-0532899	Not Applicable
22	- <u>-</u>	27	-	5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	0	City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the	current year Intangible
24	25	29	30	Personal Property Tax due June 30.	U Yes U No
	9. Name and Address of Cur	rent Hegistered Agent	81 Name	10. Name and Address of New Register	ed Agent
	rinski, kevin f		oi name		
2222 SECOND STREET FORT MYERS FL 33901			82 Street Add	dress (P.O. Box Number is Not Acceptable)	
FU	RI MTERS FL 33901		83	-	
			84 City	F	EL 85 Zip Code
office or r	to the provisions of Sections 607.6 egistered agent, or both, in the St m familiar with, and accept the ob-	ate of Florida. Such chan ge w as	authorized by the corpora	rporation submits this statement for the purpos ation's board of directors. I hereby accept the	o of changing its registered
SIGNATURE			_		1
	Signature, typed or printed name of registered	agent and title if applicable (NC AND DIRECTORS	IE: Registered Agent signature requ		
12.	D OFFICERS.	DELETE	13.	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12 Change Addition
NAME	RUMPLIK, RUSSELL		1.2 NAME		C charge C Addition
STREET ADDRESS	13351 MCGREGOR BLVD.		1.3 STREET ADDRESS		
CITY-ST-ZIP	FORT MYERS FL 33919		1.4 CITY-ST-ZIP		
TITLE		DELETE	2.1 TITLE		Change Addition
NAME			2 2 NAME		[
STREET ADDRESS			2 3 STREET ADDRESS		1
CITY-ST-ZIP			2 4 CITY-ST-ZIP		
TITLE		DELETE	3 1 TITLE		☐ Change ☐ Addition
NAME			3 2 NAME		}
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP		DELETE	3.4. CITY - ST - ZIP		Observe I Address
TITLE		[_] Office	4.1 TITLE		L Change Addition
NAME OTRUTT ADODESS			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		DELETE	4.4 CITY-ST-ZIP 5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		DELETE	6.1 TITLE		Change Addition
NAME		_	6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY - ST - ZIP		
44 14	19 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				

4. 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 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 of trustogened to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed on a attachmount of the corporation of

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Alanlas

941-432-1188