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

PROFIT CORPORATION ANNUAL REPORT



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

1996

DOCUN 1. Corporation	MENT # P9400	0090341 (6)			
	RC SERVICES, CORP.	·	•			i: Câisi Gâisê sûlei Allika silsi Dibar (18) 1002
Principal Place	of Rucinose	Mailing Address				
			-161 FORSYTH RD TER PARK FL 32792			
					3. Date Incorporated or Qualified	3a. Date of Last Report
2 Principal Pla	ace of Business	2a. Mailing Address			12/14/1994 4. FEI Number	05/01/1995 Applied For
21		26			59-3293503	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Cert ficate of Status Desired	\$8.75 Additional
22		27			5. Cert icate of Status Desired	Fee Required
		City 8 State			6. Election Campaign Financing	\$5.00 May Be
23	Courte	28	Comb	·	Trust Fund Contribution	Added to Fees
Ζφ 24	Country Zip Country 25 29 30		30		8. This corporation has liability for in Florida Statutes	ntangible tax under s. 199.032,
	g. Name and Address of Curren		1301		10. Name and Address of New R	-
			81	Name		
KRAMPE, RICHARD			82	Street Addre	set Address (P.O. Box Number is Not Acceptable)	
	61 FORSYTH RD			Street Addre	as the tox harmon is not receptable	6,
WINTE	R PARK FL 32792		83			
			84	City		85 Zip Code
				•		FL
SIGNATURE _	o the provisions of Sections 607.0502 ed agent, or both, in the State of Floral th, and accept the obligations of Sections of	on 607.0505, Florida Statute बाजान विक्रोडिक ह	S. 1976 - Registered April (S. 13.			DAIF
HILE	PDT	DELETE	1 1 TITLE		ADDITIONS/GRANGES TO OFFI	Change Addition
NAME	KRAMPE, RICHARD		1.2 NAME			
STREET ADDRESS	2721-161 FORSYTH RD		1.3 STREET AT	DORESS		
CITY+ST ZIP	WINTER PARK FL		1.4 C(TY - ST - Z)F			
TIFLE	DELETE 2		2 1 TITLE	-		Change Addition
NAME		22				
STREET ADORESS	RESS 2		2.3 STREET AT	DORESS		
CITY-ST-ZIP			24 CITY ST	ZIP		
711126			3 1 TO LE			Change Maddition
NAME Stored appears	ADJORG CO		3 2 NAME			
STREET ADDRESS			3.3 STREET A			
CITY-S1-ZIP TITLE			3.4 CITY - ST	ZIP		Change Addition
NAME	_		4.2 NAME			Change
STREET ADDRESS			4.3 STREET AC	DORESS		
CITY - ST - ZIP			4.4 CITY-ST-			
Tifit		☐ DELETE	5 1 TOLE		<u> </u>	Change Addition
NAME			5.2 NAME			
STREET ADDRESS			5 3 STREET AC	ODRESS		
CITY - ST - ZIP			5.4 CITY - ST -	719		
TITLE		☐ DELETÉ 6 1 T				Change Addition
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET AT	DORESS		
CHY-ST-ZIP		Shirt Anna Brian in the Control of the State of the Control of the	6 4 CITY - ST -	ZIP L		

4. 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 logal 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:

SIGNATURE AND TYPETOR PRINTED AND OFFICER OF DIRECTOR OF DIRECTOR

CR2E034 (12/95)