

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000001288 (6)

1. Corporation Name

RECEPTIVE SERVICES OF FLORIDA, INC.



Principal Place of Business

Mailing Address

1326 S. RIDGEWOOD AVE.
SUITE 7
DAYTONA BEACH FL 32114

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SUITE 7
DAYTONA BEACH FL 32114

3. Date Incorporated or Qualified
01/05/1995

3a. Date of Last Report
n/a

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 1500 Beville Road

22 City & State

27 606-215

23 Zip

Country

28 Daytona Beach, Fla.

Zip

Country

24

25

29 32114-5644 30 U.S.A.

4. FEI Number
59-3292530

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

10. Name and Address of New Registered Agent

KING, JUDSON
1326 S. RIDGEWOOD AVE.
SUITE 7
DAYTONA BEACH FL 32114

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

n/a

Signature typed or printed name of registered agent and fee applicable.

(NOTE: Registered Agent Signature required when not stating)

Date

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Chairman & Vice Pres.
1.2 NAME Mike Lowenstein
1.3 STREET ADDRESS 3564 Nostrand Ave
1.4 CITY-ST-ZIP Brooklyn, N.Y. 11229 (n/a)

2.1 TITLE President
2.2 NAME Marsha Hausman
2.3 STREET ADDRESS P.O. Box 1236
2.4 CITY-ST-ZIP Selden, N.Y. 11784 (n/a)

3.1 TITLE Secretary/Treasurer
3.2 NAME Elliott H. Dalrymple
3.3 STREET ADDRESS 90 Cornell Street - suite 1142
3.4 CITY-ST-ZIP Kingston, N.Y. 12401 (n/a)

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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

SIGNATURE:

Elliott H. Dalrymple
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/20/96

104-253-5833

CR2E034 (3/96)