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Feb 07 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P95000032838 (1)

1. Corporation Name
THE RC&A GROUP, INC.

Principal Place of Business
2189 CLEVELAND ST #226
CLEARWATER FL 34625

Mailing Address
2189 CLEVELAND ST #226
CLEARWATER FL 34625-3234



3. Date Incorporated or Qualified 04/26/1995	3a. Date of Last Report 05/01/1996
4. FEI Number 59-3307665	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 1724 SUNSET DRIVE Suite, Apt. #, etc.	2a. Mailing Address 26 1724 SUNSET DRIVE Suite, Apt. #, etc.
22 City & State 23 CLEARWATER FL Zip 24 34615 Country 25 USA	27 City & State 28 CLEARWATER FL Zip 29 34615 Country 30 USA

9. Name and Address of Current Registered Agent BATDORF, LINDA 2189 CLEVELAND STREET #226 CLEARWATER FL 34625	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 1724 SUNSET DRIVE 83 84 City CLEARWATER FL 85 Zip Code 34615
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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 _____
(NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDC CEFAI, ROBERT E 2189 CLEVELAND ST #228 CLEARWATER FL 34625 <input checked="" type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	PDC CEFAI, ROBERT E 1724 SUNSET DR. CLEARWATER FL 34615 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD CEFAI, ANATOLA 2189 CLEVELAND ST #228 CLEARWATER FL 34625 <input checked="" type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	VSD CEFAI, ANATOLA 1724 SUNSET DR. CLEARWATER FL 34615 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ZENTNER, MICHAEL P.O. BOX 3084 (NA) HOLLYWOOD CA 90078 <input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV SPAGNOLA, JOHN 675 GULFVIEW BOULEVARD #204 CLEARWATER FL 34630 <input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT SPAGNOLA, ROSALYN 675 GULFVIEW BOULEVARD #204 CLEARWATER FL 34630 <input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do 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 supplement to 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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
29 JAN 97 813461291
Date Daytime Phone #

CR2E034 (9/96)