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

PROFIT CORPORATION ANNUAL REPORT



FEORIDA DEFARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

1996

DOCUMENT # P95000039555 (4)

1. Corporation	Name	•	•	
R.C. TR	EE, INC.			A INDICADE NO COMO COMO DOSSE DOSSE DOS DALBO ACOMO DA PER SENDO ACOMO DISSE OCURO RASE DOCO
Principal Place of Business		Mailing Address		
4580 NORTHEAST 1ST TERRACE FORT LAUDERDALE FL 33334		4580 NORTHEAST 1ST TERRACE FORT LAUDERDALE FL 33334		
				3. Date tricorporated or Qualified 3a, Date of Last Report 55/18/1995
2. Principal Place of Business		2a. Mailing Address		(4) FEJ Number Applied For
21		26		65-0641968 Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired \$8.75 Additional
22		27		Fee Required
City & State		City & State		6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
<b>23</b> Zip	Country	7 <sub>(0</sub>	Country	8. This corporation has liability for intangible tax under s. 199.032.
24	25	29	30	Florida Statutes Yes No
	g. Name and Address of Curren	423		10. Name and Address of New Registered Agent
			81 Nems	sold Tou Cossell
CORPOR	ATION SERVICE COMPANY		82 Street A	nalo Say Carroll odress (P.O. Box Number is Not Acceptablo)
1201 HAYS STREET			45	80 NE 15T Ten.
	ASSEE FL 32301-2525		83	
			84 City	- 85 Zip Code.
			"  \"' <b>\</b> fc	orthauderdale FL 33334
11. Pursuant to	the provisions of Sections 607.0502	and 607.1508, Florida Statut	es, the above-named co-	poration submits this statement for the purpose of changing its registered office poard of directors. Thereby accept the appointment as registered agent. I am
familiar <u>with</u>	n, and accept the obligations of Section	ion 607.0505. Florida Statutes	i.	Joseph of directors. Thereby accept the appointment as registered agent. Latin
SIGNATURE	Romel and			Clow 18-96
	Sign of the Types of participation of the Types of August OFFICERS ANS		HE Reported Agent squature to	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PSTD	DELETE	13.	VICE ORES INF. DT Change Maddition
NAME	CARROLL, RONALD		1.2 NAME	DEMISE P. CARROLL
STREET ADDRESS	4580 NORTHEAST 1ST TERF	NACE	1.3 STREET AUDRESS	4580 DE 1 TERRACE
CIFY-ST-ZIP	FORT LAUDERDALE FL 3333		1.4 City - ST-ZIP	FORT 1 AUDI POALE FL 33334
THILE	TOTAL DIODERDIAL TE SOO	DELETE	2 1 TITLE	Change Addition
NAME			2.2 NAMÉ	
STREET ADDRESS			2.3 STREET ADDRESS	
CITY-ST-ZIP			2.4 CITY - ST - ZIP	
TITLE		DELFTE	3 1 TITLE	Change Addition
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
CITY - ST - ZIP			3 4 CHY-SI-ZIP	
Trite		☐ DELETE	4 1 TITLE	Change Addition
NAME			4 2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CHY-ST-ZIP		☐ DELETE	4.4 G(TY+ST-Z)P 5.1 T(TLE	Charge Addition
TITLE		L.J becele	5.2 NAME	
NAME STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			54 CITY-ST-ZP	
TITLE		DELETE	6 1 TITLE	Change Addition
NAME			6.2 NAMÉ	
STREET ADDRESS			6.3 STHEE! ADDRESS	
CITY - ST - ZIP			6.4 CITY - ST - ZIP	
14. I do hereby	certify that the information supplied	with trus fling is voluntarily fun	nished and does not qua	by for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further
certify that oath: that I	the information indicated on this annu- am an officer or director of the coroo	uat report or supplemental ann oration or the receiver <u>or trusts</u>	nual report is true and ac actempowered to execute	curate and that my signature shall have the same legal effect as if made under a tris report as required by Chapter 607, Florida Statutes; and that my name

SIGNATURE: For Cure

api 18-96 971 761889

CR2E034 (12/95)