

**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. Magham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000052858 (4)

1. Corporation Name

RONCAR ENTERPRISES, INC.



Principal Place of Business

Mailing Address

**30394 OLD DIXIE HIGHWAY
HOMESTEAD FL 33030**

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HOMESTEAD FL 33030**

3. Date Incorporated or Qualified

3a. Date of Last Report

06/29/1995

4. FEI Number

Applied for

65-0599606

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

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

**HOCKMAN, PETER M
633 NORTH KROME AVENUE
HOMESTEAD FL 33030**

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 officer 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

Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS DELETE

TITLE DELETE

**D
CARTER, RICHARD
17345 SW 296TH STREET
HOMESTEAD FL 33156**

TITLE DELETE

**D
WOLFE, RONALD N
32205 SW 199TH COURT
HOMESTEAD FL 33030**

TITLE DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

Change Addition

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY - ST - ZIP

21 TITLE Change Addition

22 NAME
23 STREET ADDRESS
24 CITY - ST - ZIP

31 TITLE Change Addition

32 NAME
33 STREET ADDRESS
34 CITY - ST - ZIP

41 TITLE Change Addition

42 NAME
43 STREET ADDRESS
44 CITY - ST - ZIP

51 TITLE Change Addition

52 NAME
53 STREET ADDRESS
54 CITY - ST - ZIP

61 TITLE Change Addition

62 NAME
63 STREET ADDRESS
64 CITY - ST - ZIP

**700001905567
-07/26/96--01042--031
***225.00**

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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Richard J. Carter

6/3/96

305-247-0430

DATE
06/26/96

CR2E034 (3/96)