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Feb 19 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 # P95000058257 (3)

1. Corporation Name
RSC INSURANCE AGENCY, INC.

Principal Place of Business	Mailing Address
9840 INTERNATIONAL DRIVE ORLANDO FL 32819	9840 INTERNATIONAL DRIVE ORLANDO FL 32819-8111

3. Date Incorporated or Qualified: 07/21/1995
3a. Date of Last Report: 03/19/1996
4. FEI Number: 59-3325476 ☐ 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

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

9. Name and Address of Current Registered Agent

ROSEN, HARRIS
7600 INTERNATIONAL DRIVE
ORLANDO FL 32819

10. Name and Address of New Registered Agent

81 Name: Frank A. Santos
82 Street Address (P.O. Box Number is Not Acceptable): 9840 International Drive
83
84 City: Orlando FL 85 Zip Code: 32819

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 [signature] Frank A. Santos 2/14/97
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE	President	☒ Change ☐ Addition
NAME	ROSEN, HARRIS		1.2 NAME	Robert L. Cox	
STREET ADDRESS	7600 INTERNATIONAL DRIVE		1.3 STREET ADDRESS	9840 International Drive	
CITY-ST-ZIP	ORLANDO FL 32819		1.4 CITY-ST-ZIP	Orlando, FL 32819	
TITLE		☐ DELETE	2.1 TITLE	Secretary/Treasurer	☒ Change ☐ Addition
NAME			2.2 NAME	Frank A. Santos	
STREET ADDRESS			2.3 STREET ADDRESS	9840 International Drive	
CITY-ST-ZIP			2.4 CITY-ST-ZIP	Orlando, FL 32819	
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (9/96)

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 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 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] Frank A. Santos 1/9/97 (407)354-9840
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #