


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**FILED**  
**May 06, 1999 8:00 am**  
**Secretary of State**

05-06-1999 90132 048 \*\*\*158.75



<b>PROFIT CORPORATION ANNUAL REPORT 1999</b>				FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # P95000059355</b>					
1. Corporation Name <b>RACS OF ORLANDO, INC.</b>					
Principal Place of Business <b>805 S. ORLANDO AVE SUITE G WINTER PARK FL 32789</b>			Mailing Address <b>10333 N. MERIDIAN SUITE 170 INDIANAPOLIS IN 46290</b>		
DO NOT WRITE IN THIS SPACE					
3. Date Incorporated or Qualified <b>07/31/1995</b>					
2. Principal Place of Business <b>4th Floor</b>		2a. Mailing Address <b>Suite 355</b>		4. FEI Number <b>59-3328699</b>	
21 <b>101 Southhall Ln.</b>		26 <b>9302 N. Meridian St.</b>		Applied For <input type="checkbox"/> Not Applicable	
Suite, Apt. #, etc. <b>22</b>		Suite, Apt. #, etc. <b>27</b>		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
City & State <b>23 Maitland, FL</b>		City & State <b>28 Indianapolis, IN</b>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
Zip <b>24 32751</b>		Country <b>25</b>		8. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Zip <b>29 46260</b>		Country <b>30 USA</b>			
9. Name and Address of Current Registered Agent <b>MORRISON, CHARLES 805 S. ORLANDO AV SUITE G WINTER PARK FL 32789</b>			10. Name and Address of New Registered Agent		
			81 Name <b>Morrison, Charles</b>		
			82 Street Address (P.O. Box Number is Not Acceptable) <b>101 Southhall Lane</b>		
			83 <b>4th Floor</b>		
			84 City <b>Maitland</b>		
			85 Zip Code <b>FL 32751</b>		
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, 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					
1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition					
1.2 NAME					
1.3 STREET ADDRESS <b>9302 N. Meridian St, #355</b>					
1.4 CITY-ST-ZIP <b>Indianapolis, IN 46260</b>					
2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition					
2.2 NAME					
2.3 STREET ADDRESS					
2.4 CITY-ST-ZIP					
3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition					
3.2 NAME					
3.3 STREET ADDRESS					
3.4 CITY-ST-ZIP					
4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition					
4.2 NAME					
4.3 STREET ADDRESS					
4.4 CITY-ST-ZIP					
5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition					
5.2 NAME					
5.3 STREET ADDRESS					
5.4 CITY-ST-ZIP					
6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition					
6.2 NAME					
6.3 STREET ADDRESS					
6.4 CITY-ST-ZIP					

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/99

Date

(407) 667-4714

Daytime Phone #

CR2E034 (11/98)