

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED

Sep 17 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 # P96000019860 (1)

1. Corporation Name
RCI GROUP, INC.

Principal Place of Business

Mailing Address

25 S MAGNOLIA AVE
ORLANDO FL 32801

25 S MAGNOLIA AVE
ORLANDO FL 32801

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/01/1996

3a. Date of Last Report

NEW

4. FEI Number

Applied For

☒ Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 398 FREEMAN ST

26 398 FREEMAN ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

LONGWOOD FL

27 City & State

LONGWOOD FL

23 Zip

Country

24 32750

25 USA

28 Zip

Country

29 32750

30 USA

9. Name and Address of Current Registered Agent

CASTRO, RAYMOND W
25 S MAGNOLIA AVE
ORLANDO FL 32801

10. Name and Address of New Registered Agent

81 Name

CASTRO, RAYMOND W

82 Street Address (P.O. Box Number is Not Acceptable)

83 398 FREEMAN ST

84 City

LONGWOOD

FL

85 Zip Code

32750

11. Pursuant to the provisions of Sections 607.07(3) 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, Sections 607.07(3) and 607.1508, Florida Statutes.

SIGNATURE

Signature, if not printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

RAYMOND W. CASTRO

9/11/97

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME D
STREET ADDRESS CASTRO, RAYMOND W
CITY-ST-ZIP 25 S MAGNOLIA AVE
ORLANDO FL 32801

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME PRESIDENT
1.3 STREET ADDRESS CASTRO, RAYMOND W
1.4 CITY-ST-ZIP 398 FREEMAN ST
LONGWOOD FL 32750

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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

RAYMOND W. CASTRO

9/11/97

407

830 1159

CR2E034 (4/97)