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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000034387 (6)

FILED Jan 29 1997 8:00am Secretary of State

00,000	RCE INTERNATIONAL, INC.					
Principal Place	of Business	Mailing Address			i odrate siiksi oheda ikilo(101	
8000 N. FEDERAL HIGHWAY BOCA RATON FL 33487		8000 N. FEDERAL HIGH BOCA RATON FL 33487				
				3. Date Incorporated or Qualified 04/19/1996	3a. Date of Last F	Report
	ace of Business	2a. Mailing Address		4, FEI Number	[_[A	oplied For
1 1144 E	apriloged Center Drive	26 1744 E. N	Jewpart Center D	rive 65-0675628	N	ot Applicable
_ Suite, Apt. ≠	t, etc	Suite, Apt. #, etc.	•	5. Certificate of Status Desired	7	Additional
2 Carre S State		City & State				equired
City & State 3		28 Deerticle		6. Election Campaign Financing Trust Fund Contribution		May Be to Fees
$\frac{3}{Z_{\rm ID}}$ Ver $\frac{1}{2}$	Country	Zip	Country	B. This corporation has liability for it.		
	442 25 USA	29	30	· · · · · · -	Yes No	s, 100.00£,
<u> </u>	9. Name and Address of Current			10. Name and Address of New Re	gistered Agent	
BURI	RELKL, PAUL M		81 Name	R 1 1 1 00	l -	
8000	NORTH FEDERAL HIGHWAY		82 Street A	Address (P.O. Box Number is Not Acceptable	ole)	
BOC	A RATON FL 33487			14 E. Newhord Conder	Drive	
			83	V –		
			84 City		85 Zip	Code
				leer fre ld Beach	FL 33	442
44 Quentiont t	a the provisions of Sections 607.05(12)	and 607,1508, Florida Sta	tutes, the above-named	corporation submits this statement for the p	ourpose of changing	ts registered
office or re	edistered agent of both in the State of	f Florida, Such anange wa	s authorized by the cord	poration's board of directors. I hereby accer	at the annointment as	
office or re agent. I ar	o the provisions of Sections 607 0502 agistered agent, or both, in the Strue on a familiar with, and accept the abligati	of Florida, Such o lange wa loas of Section 607.0505	s authorized by the corp Florid Statutes.	poration's board of directors. I hereby accep	of the appointment as	Leðisteten
SIGNATURE		Lape			<u> </u>	,
SIGNATURE	Signature, typed or planted name of regenerad agent	and tit out applicable (A	NOTE: Registered Agent signature	required when reinstating)	//7 / Y / DATE	·
SIGNATURE	Signature typed or planted may of languaged expension OFFICERS AND	and tit out applicable (A	NOTE: Registered Agent signature	required when reinstating) ADDITIONS/CHANGES TO OFFICE	//7 / Y / DATE	RS IN 12
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