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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000076617 (5)
1. Corporation Name
1. RPANCO INC.

FILED May 05 1997 8:00am Secretary of State

J. BRADI		Mailing Address	· · · · · · · · · · · · · · · · · · ·		
212 W 5TH ST STUART FL 349	APT #1	212 W 5TH ST APT #1 STUART FL 34994-2956	3. Date incorporated or Qualified 3a. Date of Last Report 09/13/1996		
					3a. Date of Last Report
2. Principal Pl	ace of Business	2a. Mayling Address	× >191	4. FEI Number	Applied For
Suite Apt	# etc. PENERA HW	9 26 V · O · So & Suite, Apt. #, etc.	<u> </u>	65-0699420	Not Applicable \$8.75 Additional
22		27		5. Certificate of Status Desired	Fee Required
City/8 State 23 SUA	it FL	City & State	FL	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
24 70	Dr 25 Marlin	29 34995	Country 30 MAII. n		Yes No
1694 June	9. Name and Address of Curren RYCH, TERRENCE F	t Registered Agent	81 Name	10. Name and Address of New Regis	itered Agent
	N FLAGLER DR				
	T PALM BEACH FL 33407		82 Street Add	ress (P.O. Box Number is Not Acceptable)	1
			83		
			84 City		85 Zip Code
44 Dags 6.11	the west since of Pool and 607 050	2 and COT 1500. Florida Ctatut		poration submits this statement for the pur	FL
office or re agent. Far	egistered agent, or both, in the State in familiar with, and accept the obliga-	of Florida Such change was a trions of, Section 607.0505, Flo	authorized by the corpora orida Statutes.	tion's board of directors. I hereby accept t	he appointment as registered
SIGNATURE.	Signature: typed or printed name of registered age	nt and title if applicable (NOTE	: Registered Agent signature requ	red when reinstating)	DATE
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICER	RS AND DIRECTORS IN 12
TITLE	D	☐ DELETE	1.1 THE		Change Addition
NAME	MILLER, PETER J II 212 W 5TH ST APT #1		1.2 NAME		
STREET ADORESS	STUART FL 34994		1.3 STREET ADDRESS		
COLY'- ST-ZIP	OTOMITTE OFFET	DELETE	1.4 CIFY-ST-ZIP 2.1 THILE		Change Addition
NAME		La Piccia	2.2 NAME		
STREET ADORESS			2.3 STREET ADDRESS		
CITY-ST-ZIP			2.4 C-TY-ST-ZIP		•
TITLE		☐ DELETE	3.1 TIFLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CHY-ST-7IP			3.4. C:TY - ST - ZIP		
TIPLE		DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
City-ST-ZIP		DELETE	4.4 CIFY - ST - ZIP 5.1 TIFLE	·	Change Addition
TOTLE				+ <u>1</u>	Curange Di Addition
NAME STREET ADDRESS			5.2 NAME 5.3 STREET ADDRESS	•	
Į					
CHY-ST-7IP TITLE		DELETE	5.4 CITY-ST-ZIP 6.1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS	\bigwedge	/	6.3 STREET ADDRESS	•	
CiTY-ST-ZiP	/ / \	(6.4 CITY-ST-ZIP		
14. I do hereb information I am an of	oy certify that the information expolied in indicated on this annual report or s ficer or director of the corporation or in Block 12 or Block 13 if changes, or	the receiver or fustee empow	y for the exemption state ue and accurate and tha ered to execute this repo less.	d in Section 119.07(3)(i), Florida Statutes. It my signature shall have the same legal ent as required by Chapter 607, Florida Stat	further certify that the ffect as if made under oath; that utes, and that my name

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR