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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

FILED

Apr 22 1997 8:00am

Secretary of State

561-482-0343

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000087223 (9)

RCF DISTRIBUTORS, INC.

SIGNATURE:

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Principal Place of Business Mailing Address						I MARIANNE AND AND AND ROOM HOUSE AND	dåtåt ikitt ia	118 11818 11881	S datis alidas
9850 SANDALF BOCA RATON	OOT BLVD STE 454 FL 33428	9850 SANDALFOOT BLVD STE 454 BOCA RATON FL 33428-8699							
						3. Date Incorporated or Qualified	3a. Date	of Last Re	port
						10/21/1996			
2. Principal Pr	ace of Business	2a. Mailing Address			· · · · · · · ·	4. FEI Number	······································	Ap	plied For
21		26				0 65-0702528		No	t Applicable
Suite, Apt	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired		\$8.75 A	
22		27				6. Obtained of States Desired		Fee Re	quired
City & State	3	City & State			8. Election Campaign Financing	_	\$5.00		
23		Zip Country				Trust Fund Contribution		dided to	
Z _i p	Country	Zip	\neg	ntry		8. This corporation has liability for in			199.032,
24	25 g. Name and Address of Current	.1==1	30			Florida Statutes 10. Name and Address of New Reg	Yes X	No	
FD4	 	negistered Agent		81	Name	10. Halle BIR ACCIOSS OF HER RES	Introlog X	TOTAL .	
	NK, RICHARD K D6 WINDING CREEK LANE								
	DA RATON FL 33428			82	Street Addr	ess (P.O. Box Number is Not Acceptable	e)		
ВОС			83						
				84	City	W. W. C.	FL	85 Zip C	Dode
dd Charmanita	to the exeminions of Sections 607.0502	and 607 1508. Elorida Statuta	s the a	2016	nomed corn	oration submits this statement for the nu		henging it	e registered
11. Fursuant 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 if am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.									
SIGNATURE							*****		
	Signature, typed or pairled name of registered agent	<u> </u>		d Age	nt signature requir	red when reinstating)	DATE	SIDECTOR	C IN 12
12.	OFFICERS AND	DELETE	13.	Tı C		ADDITIONS/CHANGES TO OFFICE		Change	Addition
NAME	FRANK, RICHARD K	Cal Descrit	1.2 N				•	0.10.190	
STREET ADDRESS	10906 WINDING CREEK LANE				ADDRESS				
	BOCA RATON FL 33428								
CITY-ST-ZiP Title				1.4 CITY-ST-ZIP 2.1 TITLE			Т	Change	Addition
NAME	MULLINEAUX, CAROL A		2.2 N				-		
STREET ADORESS	10906 WINDING CREEK LANE			2.3 STREET ADDRESS					
CITY-ST-7IP	BOCA RATON FL 33428				T-ZIP				
TIFLE		DELETE	3.1 TITLE					Change	Addition
NAME				3.2 NAME			_	-	ļ
STREET ADDRESS					ADDRESS				ļ
CITY-ST-ZIP					T-ZIP				ļ
Title			4.1 TI					Change	Addition
NAME			4.21	IAME					
STREET ADDRESS			4.3 S	TREET	ADDRESS	•			
CITY - ST - ZIP			1	ITY-S					
TITLE	DELETE 5.1 T					[Change	Addition	
NAME			5.2 N	AME					1
STREET ADDRESS			5.3 S	TAEET	ADDRESS				
CITY - S1 - ZIP			5.4 C	TY-S	T-ZiP				
TITLE		☐ DELETE	6.1 T					Change	Addition
NAME			6.2 N	AME					
STREET ADDRESS			6.3 S	TREET	ADDRESS				
CITY - S1 - ZIP			6.4 C	ITY-\$	T-ŽIP				

14. If 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 slock 13 if chapted, or on an attachment with an address.