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

**PROFIT** CORPORATION **ANNUAL REPORT** 

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P96000094269 (3)

Principal Place of Business  1428 KITTWAKE DRIVE PUNTA GORDA FL 33950  Rect ASSOCIATES, INC.  Mailing Address  1428 KITTWAKE DRIVE PUNTA GORDA FL 33950-76		7632			
			3. Date Incorporated or Qualified  11/18/1996  3a. Date of Last Report		
2. Principal Place of Business 21	2a. Malling Address		4. FEI Number Applied For Not Applied For Not Applied For		
Suite, Apr #, etc 22	Suite, Apt. #, etc.		5. Certificate of Status Desired  \$8.75 Additional Fee Required		
City & State	City & State		6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees		
Zip         Country           24         25	Zip 29	Country 30	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No		
9. Name and Address of Cu	rrent Registered Agent		10. Name and Address of New Registered Agent		
Pursuant to the provisions of Sections 607, office or registered agent, or both, in the Sagent. I am familiar with, and accept the of	0502 and 607.1508, Florida Statutate of Florida Such change was oligations of Section 607.0505, Fl	83 1 4 84 City PU tes, the above-named cor authorized by the corpora orida Statutes.	28 KITTIWAKE DRIVE  NTA GORDA FL 85 Zip Code  poration submits this statement for the purpose of changing its registered ation's board of directors. I hereby accept the appointment as registered		
SIGNATURE: Signalure, typied of printed name of registere	d agent and trib if applicable (NO)	TE: Registered Agent signature requ	ired when reinstating) DATE		
	AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
THEE PSTD TELESCO, CONCETTA 1428 KITTIWAKE DRIVE PUNTA GORDA FL 33950	☐ DELETE	1.1 Title 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	Change Addition		
THEF NAME	DELETE	2 1 TITLE 2.2 NAME	☐ Change ☐ Addition		
STREET ADDRESS COTY: ST-70P TIGGE	DELETE	2.3 STREET ADDRESS 2 4 CITY-ST-ZIP 3.1 TITLE	☐ Chanoe ☐ Addilion		
NAME STREET ADDRESS COTY-ST-ZIP	المالي المالية	3.2 NAME  3.3 STREET ADDRESS  3.4 CITY-ST-ZIP	in the state of th		

6.4 CITY - ST · ZIP CHY-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.

4.1 TITLE

4. 2 NAME 4.3 STREET ADDRESS

5.1 TITLE

5.2 NAME

6.1 TITLE 62 NAME

4.4 CITY - ST - ZIP

5.3 STREET ADDRESS 5.4 CITY - ST-ZIP

6.3 STREET ADDRESS

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Apr 29 1997 8:00am

Secretary of State

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