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

PROFIT CORPORATION **ANNUAL REPORT**

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9700000633 (2)

RHC MANAGEMENT, INC.

*****	11111000111	2 (4), 1140.										
Principal Place of Business Mailing Address								1911			 	II OO IKK IOOK
105 EAST RO	BINSON STR	REET	105 EAS	105 EAST ROBINSON STREET								
SUITE 201				SUITE 201					DO NOT WOL	C IN THI	00405	
ORLANDO FL 32901 ORLANDO FL 32901								A Data	DO NOT WRIT		SPACE	
									Incorporated or Qualified	1		
2. Principal Pi	loop of Puci	0000	2a Maile	2a. Mailing Address				4. FEI N	03/1997		1 14	pplied For
	ace or busi	ness	·····	26				7. '59-	-3432272			ot Applicable
Suite, Apt. 4	# etc			Suito, Apt. #, etc.			· 					Additional
22	., 010.		—	27				5. Certif	icate of Status Desired		·	lequired
City & State	9			City & State				6. Electi	on Campaign Financing		\$5.00	May Be
23			28	28					Fund Contribution			to Fees
Zip		Country	Zip	Zip Country				8. This c	corporation owes or has p	paid the cu	rrent year In	ıtangible
24		25	29		30			Personal Property Tax due June 30. Yes No				
	9. Name	and Address of Curr	ent Registered	Agent				10. Name	e and Address of New F	Registered	Agent	
ALL	EN, THOM	MAS R			8	1 N	lame					
105	EAST RO		82 Street Ad				Iress (P.O. Box Number is Not Acceptable)					
SUITE 201									·			
ORI	Lando fl	32801			8	3						
					8	4 C	ity				85 Zip	Code
							•			Fl	-	
11. Pursuant t	to the provis	sions of Sections 607.0	502 and 607 150	08, Florida Statut	es, the abo	ve-na	amed corpo	ration subr	nits this statement for the of directors. I hereby acc	purpose o	of changing pointment a	its registered s registered
agent. Far	m fam iliar w	ith, and accept the obl	igations of, Sect	ion 607.0505, Fk	orida Statut	9 S .	o corporatio		or unbolore. Thereby add	opt mo ap	pe/////	
SIGNATURE												
Signature, typed or printed name of registered agent and title it applicable (NOTE						egistored Agent signature required when reinstating) DATE 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTO						50 11 40
12.	OFFICERS AND DIRECTORS DELETE				13.			/S/T/I	ONS/CHANGES TO OFF	ICERS AN	Change	Addition
TITLE	O KU Allen, Thomas R			K DECEIE	1.1 TITLE				H. Cleland		BC) Change	Roomon
NAME			CLUTE OO4	1.2 NAME			I			۸	± 702	
STREET ADDRESS 105 EAST ROBINSON ST., STORY ORLANDO FL 32801			3011E 201		k I			Orlando Ave	Ар	t. 703		
CITY-ST-ZIP	UNDANI	DO FL 32001		DELETE	1.4 City 2.1 title		P M	iait tar	nd, FL 32751		Change	Addition
TITLE				C DECEM	4						Onungo	
NAME .					2.2 NAMI		MDC C C					
STREET ADDRESS					2.3 STRE				•	***		
CITY-ST-ZIP				DELETE	2. 4 CITY 3.1 TITLE		IP				Change	☐ Addition
TITLE				E DECEME	3.1 HILE 3.2 NAMI							
NAME							NDECC.					
STREET ADDRESS					3.3 STRE							
CITY-ST-ZIP TITLE				DELETE	3.4. CITY 4.1 TITLE		<u> </u>				Change	Addition
					4. 2 NAM							
NAME					4.3 STRE		,0000					
STREET ADDRESS							Į.					
CITY+ST-ZIP TITLE				DELETE	4.4 City 5.1 Title		"		<u> </u>		Change	☐ Addition
NAME					5.2 NAM							_
!					5.3 STRE		IRESS					
STREET ADDRESS					5.4 CiTY							
CITY-ST-ZIP TITLE				DELETE	6.1 TITLE		<u></u>				☐ Change	Addition
l .					6.2 NAM						- *	_
STREET ADDRESS					6.3 STRE		DRESS					
OTHELT MUURESS					3.5 5111							

14. I 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 suppliemental 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 of the receiver or trustee empowered to execute this report as required by Chapter 602 Florida Statutes, and that my name appears in Block 12 or Block 13 if chapter, or on an attachment with an address.

FILED

Apr 01 1998 8:00am

Secretary of State