

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
May 06, 1999 8:00 am  
Secretary of State

05-06-1999 90201 045 \*\*\*158.75

DOCUMENT # P97000029482

1. Corporation Name  
R.C. BUSINESS ENTERPRISES INC.

Principal Place of Business  
6911 ANNAPOLIS COURT  
PARKLAND FL 33067

Mailing Address  
6911 ANNAPOLIS COURT  
PARKLAND FL 33067

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/01/1997

4. FEI Number  
65-0739756

Applied For  
Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 721 LAKE BLVD

26 721 LAKE BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State  
23 WESTON FL

27 City & State  
28 WESTON FL

24 Zip 33326 25 Country BROWARD

29 Zip 33326 30 Country BROWARD

9. Name and Address of Current Registered Agent

BETTINI, CESAR O  
6911 ANNAPOLIS COURT  
PARKLAND FL 33067

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83 721 LAKE BLVD

84 City WESTON

85 Zip Code FL 33326

11. Pursuant 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. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE *Ruth M. Bettini*

5/1/99

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☐ DELETE  
NAME BETTINI, CESAR O  
STREET ADDRESS 6911 ANAPOLIS COURT  
CITY-ST-ZIP PARKLAND FL 33067

1.1 TITLE ☒ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS 721 LAKE BLVD  
1.4 CITY-ST-ZIP WESTON FL 33326

TITLE STD ☐ DELETE  
NAME BETTINI, RUTH M  
STREET ADDRESS 6911 ANAPOLIS COURT  
CITY-ST-ZIP PARKLAND FL 33067

2.1 TITLE ☒ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS 721 LAKE BLVD  
2.4 CITY-ST-ZIP WESTON FL 33326

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

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 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, with all other like empowered.

SIGNATURE: *Ruth M. Bettini* REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/99 (954) 217-4045

Date

Daytime Phone #

CR2E034 (11/98)

0164494