

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

FILED
Mar 23, 1999 8:00 am
Secretary of State

03-23-1999 90034 028 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000036625

1. Corporation Name
RCS RESORT CLEANING SERVICES, INC.



Principal Place of Business 3936 S. SEMORAN BOULEVARD, #420 ORLANDO FL 32822	Mailing Address 3936 S. SEMORAN BOULEVARD, #420 ORLANDO FL 32822
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 7512 DR. PHILLIPS BLVD. Suite, Apt. #, etc. 22 50-238 City & State 23 ORLANDO, FL Zip 24 32819 Country 25 ORANGE		2a. Mailing Address 26 7512 DR. PHILLIPS BLVD. Suite, Apt. #, etc. 27 50-238 City & State 28 ORLANDO, FL Zip 29 32819 Country 30 ORANGE		3. Date Incorporated or Qualified 04/23/1997	
		4. FEI Number 59-3440808		Applied For <input type="checkbox"/> Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent

D'TORRES, SYLVIA L
3936 S. SEMORAN BOULEVARD, #420
ORLANDO FL 32822

10. Name and Address of New Registered Agent

81 Name	SYLVIA L. D'TORRES
82 Street Address (P.O. Box Number is Not Acceptable)	7512 DR. PHILLIPS BLVD.
83	STE. 50-238
84 City	ORLANDO
85 Zip Code	FL 32819

11. Pursuant to the provisions of Sections 607.0503 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	TORRES, JERSON	
STREET ADDRESS	3936 S. SEMORAN BLVD, SUITE 420	
CITY-ST-ZIP	ORLANDO FL 32822	
TITLE	S	<input type="checkbox"/> DELETE
NAME	D'TORRES, SYLVIA L.	
STREET ADDRESS	3936 S. SEMORAN BLVD, SUITE 420	
CITY-ST-ZIP	ORLANDO FL 32822	
TITLE	T	<input type="checkbox"/> DELETE
NAME	TORRES, MELVYN L.	
STREET ADDRESS	3936 S. SEMORAN BLVD, SUITE 420	
CITY-ST-ZIP	ORLANDO FL 32822	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	7237 MOSS LEAF LANE
1.4 CITY-ST-ZIP	ORLANDO, FL 32819
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	7237 MOSS LEAF LANE
2.4 CITY-ST-ZIP	ORLANDO, FL 32819
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	4320 MIDDLEBROOK LANE
3.4 CITY-ST-ZIP	ORLANDO, FL 32811
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE SYLVIA D'TORRES SECRETARY 3-15-99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)