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

DOCUMENT # **P97000039443**1. Corporation Name

RV SOLUTIONS, INC.

FILED Apr 14, 1999 8:00 am Secretary of State

04-14-1999 90112 024 ***150.00



Principal Place of Business Mailing Address			ailing Address				- C TREATHER HAN HENN SERVICE BENN DERNY DERNY DERNY BERNY BERNY BERNY BURBER HAN HERBY
1025 N O ST LAKE WORTH FL 33460 US			1025 N O ST LAKE WORTH FL 33460 US				DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified
							05/02/1997 4. FEI Number Applied For
2. Principal Place of Business			2a. Mailing Address				
Suite, Apt. #, etc.			Suite, Apt. #, etc.				\$8.75 Additional
22			.7				5. Certificate of Status Desired Fee Required
City & State			City & State				6. Election Campaign Financing \$5.00 May Be
<u> </u>			Zíp Country				1 rust Fund Contribution Added to Fees
24 Zip	Country	29	~ ·				8. This corporation owes the current year Intangible Personal Property Tax.
9. Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent		
					81	Name	
WEICK, KIRK J					82	Street Addres	ess (P.O. Box Number is Not Acceptable)
1323 SE 17TH STREET SUITE 370							
	AUDERDALE FL 33316)	83		
}				Ţ	84	City	FL 85 Zip Code
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the at					ove	-named corpor	pration 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		 		gent	t signature required v	-
12.	OFFICERS AND	DIRE	CTORS DELETE	13.	_		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition
NAME	D Weick, Kirk J			1.2 NAN		ł	
STREET ADDRESS	1025 N O ST					ADDRESS	i
CITY-ST-ZIP	LAKE WORTH FL 33460			1.4 CIT		1	
TITLE	D		☐ DELETE	2.1 TITL	E		☐ Change ☐ Addition
NAME .	WEICK, TAMMY L			2.2 NAM	Æ	Ì	
STREET ADDRESS	1025 N O ST		-	- 2.3 STR	EET	ADDRESS	
CITY-ST-ZIP LAKE WORTH FL 33460			CT DELETE	2.4 CiTY-ST-ZI			☐ Change ☐ Addition
TITLE			☐ DELETE	3.1 7772		{	
NAME STREET ADDRESS				3.2 NAM		ADDRESS ((
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NAME &	SC BURE PARE THE THE			6.2 NAM	1E	Ì	
STREET ADORESS				6.3 STR	EET.	ADDRESS	
CITY-ST-ZIP				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 of the feceiver or trusted 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 in an attachment with an address, with all other like empowered.

SIGNATURE:

561 5883124