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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000069352

1. Corporation Name

RCRS INTEGRATORS, INC.

Prin	cipal Place of Busine	95

Mailing Address

Apr 16, 1999 8:00 am Secretary of State

04-16-1999 90063 043 ***158.75



Filincipal Flace	e oi business	Maning Address								
8521 BLACK MESA DR. ORLANDO FL 32829			8521 BLACK MESA DR. ORLANDO FL 32829			200	NOT MOTE IN T	IIC CDACE		
							NOT WRITE IN TI	115 SPACE		
						3. Date Incorporated of	or Qualified		ł	
						08/08/1997				
2. Principal Place of Business		2a. Mailing Addres	2a. Mailing Address			4. FEI Number			Applied For	
21		26				<u>59-3468873</u>			Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, e	Suite, Apt. #, etc.			5. Certifcate of Status	Desired 🗓		5 Additional Required	
City & State		City & State				6. Election Campaign	Financing	\$5.0)0 May Be	
23		28	¬ ·			Trust Fund Contribu	- 1	•	ed to Fees	
Zip	Country	Zip		Country		8. This corporation ov	ves the current year	Intangible		
24	25	29	30			Personal Property	-	∐ Yes	E}440	
	9. Name and Address of Curre					10. Name and Addres	s of New Register	ed Agent		
				81	Name					
THO	MAS, RICHARD A			82	0, 141	(D.O. D. M	N-4 A4-1-1-			
	BLACK MESA DR.				Street Add	dress (P.O. Box Number is I	Not Acceptable)			
ORL	ANDO FL 32829			83						
				84	City	-1-1-2707	F	85 2	tip Code	
11 Dumuent	to the provisions of Sections 607.05	502 and 607 1508 Florid:	Statutes th	ne above	e-named cor	rooration submits this staten	ent for the purpose	of changing	its registered	
ii. Fuisualii	egistered agent, or both, in the Stat	te of Florida. Such change	was authori	rized by	the corporat	tion's board of directors. I he	ereby accept the ap	pointment a	s registered	
agent. I a	m familiar with, and accept the obliq	gations of, Section 607.05	05, Florida S	Statutes	·				1	
agent. I a		gations of, Section 607.05	505, Florida S	Statutes.	•	ired when reinstating)				
agent. I ar	Signature, typed or printed name of registered as	gations of, Section 607.05	(NOTE: Regist	Statutes stered Agen	•	ired when reinstating)	DATE	····	CTORS IN 12	
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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 rustee 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 open attachment with an address with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE: