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**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P97000081032

## **FILED** Feb 10, 1999 8:00am **Secretary of State**

02-10-1999 90042 007 \*\*\*150.00

	RC CORPORATION						
Principal	Place of Business	Mailing Address				AND AND AND LOSS	HAN ANIAR HUS HAN IN
SUITE X	h street south				( regineer life (Briti (Bell) 88)()	88))	
RIVERVIEV	W FL 33569	6619 78TH STREET SUITE X			1		main aufall tritf fift iff
US		RIVERVIEW FL 3356	9				
<u> </u>		US			DO NOT WR	THE IN THIS SPA	CE
2. Princip	pal Place of Business				The state of the s	1	
21		2a. Mailing Address			09/17/1997 4. FEI Number	_	
22	Apt. #, etc.	Suite, Apt. #, etc			59-3471645		Applied For
City & S	State	27	<b>.</b> .				Not Applicable
23		City & State			5. Certifcate of Status Desired	□ \$8	.75 Additional
Zip	Count	28	-		6. Election Campaign Financing		ee Required
24	Country 25	Zip	Country		rust Fund Contribution	□ \$5	.00 May Be
	9. Name and Address of C	29	30		8. This corporation owes the cur-	Ac	ided to Fees
D.	9. Name and Address of Cu	irrent Registered Agent			Personal Property Tax.	Yes	
HF	IODES, RICHARD E		81	Name	10. Name and Address of New Re	gistered Agent	□No
/U-	4 WESTWOOD LANE			<del></del>			
DA	ANDON FL 33511			Street Addres	ress (P.O. Box Number is Not Acceptable)		
			83				,
			94	<del></del>		44-1-1	
1. Pursuan	t to the provisions of Sections 607 o	0502 and 602 (	<b>64</b> C	ity	12 14 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
agent. I a	am familiar with and asset in the Sta	ate of Florida Such at India Sta	tutes, the above no			E) 85 2	ip Code
		Onda Jucii Change was	authorized to above Ita	med corporat	ion submite this		
IGNATURE	- Will, and accept the obli	igations of, Section 607.0505, F	authorized by the lorida Statutes.	med corporation's	tion submits this statement for the pu board of directors. I hereby accept the	rpose of changing	its registered
GNATURE	Signature, typed or printed name of registered a	igations of, Section 607.0505, F	authorized by the lorida Statutes.	med corporal corporation's	tion submits this statement for the pu board of directors. I hereby accept the	rpose of changing ne appointment as	its registered registered
GNATURE	Signature, typed or printed name of registered at OFFICERS A	igations of, Section 607.0505, F		amed corporation's corporation's	tion submits this statement for the pu board of directors. I hereby accept the	_	its registered registered
E I	D	THE DIRECTORS	13.	amed corporal corporation's ature required whe	n reinstating)		
E	D RHODES, RICHARD F	igations of, Section 607.0505, F  gent and title if applicable (NO  AND DIRECTORS  DELETE	13. 1.1 TITLE	amed corporation's corporation's	n reinstating)	DATE ERS AND DIRECT	
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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 and accurate and that my signature shall have the same legal effect as if made under oath; that I am an lock 12 or Block 13 if changed, or ordina attachment with an address, with all other like empowered.

an 19, 1999

813-689-3495