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

Mailing Address

4671 ALBANY CIR. #119

SAN JOSE CA 95129

2a. Mailing Address

City & State

Suite, Apt. #, etc.

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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P97000082386 (8)

Country

9. Name and Address of Current Registered Agent

25

ROBERTS, JOSEPH 2526 DORA COURT

LEHIGH ACRES FL 33971

R2C, INC.

Principal Place of Business

4671 ALBANY CIR. #119 SAN JOSE CA 95129

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

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Zip

FILED Apr 16 1998 8:00am Secretary of State

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	DO NOT WRITE IN THIS SPACE		
	Date Incorporated or Qualified 09/23/1997		
	4. FEI Number		Applied For
	17-0470216		Not Applicable
	5. Certificate of Status Desired		\$8.75 Additional Fee Required
	Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees

8. This corporation owes or has paid the current year Intangible

Personal Property Tax due June 30.

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

10. Name and Address of New Registered Agent

Yes

A CRAMBAN KIR COM COMM BONG SOM ABAN BONG HAND KAND KARA MIS (1918 1911) ILAN

Zip Code City 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.

Country

61 Name

82

83

SIGNATURE Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12 ☐ Addition DELETE Change TITLE 11 TITLE CadesIA RICHARD 1.2 NAME NAME 1.3 STREET ADDRESS STREET ADDRESS 705+, CA95129 1.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition 21 TITLE TITLE 22 NAME 2.3 STREET ADDRESS STREET ADDRESS 2.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 3 1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS CITY - ST - ZIP 3.4. CITY-ST-ZIP Change Addition DELETE 4.1 TITLE FITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change DELETE TITLE 5.1 TITLE 52 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 54 CITY-ST-ZIP CITY-ST-ZIP ☐ DELETE Change Addition 6.1 TITLE 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP CITY-ST-ZIP

14. 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.

SIGNATIBE: