SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999. AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

Mailing Address

1157 GALLAHAD DRIVE

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

1999 DOCUMENT # P98000029448

R.C.Y. ENTERPRISES, INC.

Principal Place of Business

1157 GALLAHAD DRIVE

FILED Jul 20, 1999 8:00 am Secretary of State

07-20-1999 90018 003 ***550.00

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In			591597 - 90010

	FL . ———————————————————————————————————	CASSELBERRY-FL		DO NOT WRITE IN T	LIC CDACE
	•	31		3. Date incorporated or Qualified	IN SI AGE
				03/27/1998	
2. Principal Pl	lace of Business	2a. Mailing Address	1 1 0 1	4. FEI Number	Applied For
引るよう	0 N, 17-92	26 JJ O_ N	1. 17-92	543511991	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	9	City & State	1 - 1	6. Election Campaign Financing	* \$5.00 May Be
عده لي	wood +	28 202000	Country	Trust Fund Contribution	Added to Fees
1327	SO 25 Country		o Lis	This corporation owes the current year Intangible Personal Property.	Yes No
	9. Name and Address of Current	Registered Agent		10. Name and Address of New Register	ed Agent
VALI	NG, ROB		81 Name		
	GALLAHAD DRIVE		82 Street Address (P.O. Box Number is Not Acceptable)		
	SELBERRY FL				
CASC	DELDENNI FL		83		
	,		84 City	F	85 Zip Code
1. Pursuant	to the provisions of sections 607.0502	and 607.1508, Florida Statutes,	the above-named corpor	ration submits this statement for the purpose of	f changing its registered
agent. I a	registered agent, or both, in the State of the amiliar with, and accept the obligation	tions of, section 607.0505, Flori	da Statutes.	on's board of directors. I hereby accept the ap	politiment as registered
SIGNATURE .		- <u>. </u>			
	Signature, typed or printed name of registered agent OFFICERS AND		E: Registered Agent signature requ	ADDITIONS/CHANGES TO OFFICERS	
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14. In preby certify that the information supplied with this filing does not quality for the exemption stated in section 119.07(3)(i), Florida Statutes. 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 chapter 607 or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

D-11-99

Daytime Phone #