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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE **Katherine Harris** 

1999

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name	P98000083599 ./	
CORE RC G	ENERAL, INC.	
Principal Place of Business	Mailing Address	
6 <del>01 Bayshore Bouleva</del>	rd Same	

FILED Mar 25, 1999 8:00 am Secretary of State 03-25-1999 90062 024 \*\*\*150.00

CORE RC GENERAL, INC.						
Principal Plac	e of Business	Mailing Address		<u> </u>		
· ·		Come				
6 <del>01 Bayshore Boulevard Same</del>			DO NOT WRITE II	N THIS SPACE		
	<del>Florida 33606</del>			3. Date Incorporated or Qualifed		
	1101			09/28/98		
2. Principal P	Place of Business N 127th St. East	2a. Mailing Address 827 N 127th	St Fast	4. FEI Number	Ap	plied For
21		26	Dr. Edst	65-0876569		t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	<b>\$8.75</b> A Fee Re	
City & Star	te	City & State	<del></del>	6. Election Campaign Financing	\$5.00	
23 Wichit		Wichita, KS	,	Trust Fund Contribution	Added to	
Zip 67206	Country USA	<sup>Zip</sup> 67206	Country USA	8. This corporation owes the current y		LEST
24 07200	25	123	0 054	Personal Property Tax.		<b>XX</b> No
	9. Name and Address of Current	Registered Agent	81 Name _	10. Name and Address of New Regis	sterea Agent	=
	J. Lubrano		Jor	nathan P. Jennewein		
	t Kennedy Boulevard		82 Street Addre	ss (P.O. Box Number is Not Acceptable) L East Kennedy Bouleva	rd	
Suite 3	Florida 33602		02			
Tampa,	F1011da 55002			ite 3700	85 Zip C	'odo
			84 City Tan		FL   336	602.
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statutes	the above-named corpo	pration submits this statement for the purp	ose of changing its	registered
agent. I a	registered agent, or both, in the State of am familiar with, and accept the obligation	one of, Section 607.0505, Florid	a Statutes.	n's board of directors. I hereby accept the	appointment as res	jistorou
SIGNATURE		. Jour-	·	3/3/9	9	
12.	Signature, typed or profited name of registered agent OFFICERS AND		egistered Agent signature required  13.	when reinstating)  ADDITIONS/CHANGES TO OFFICE	ATE DS AND DIRECTO	RS IN 12
TITLE	PSTD OFFICERS AND	DELETE	1.1 TITLE	ADDITIONS/CITATED TO OTT TO	Change	Addition
NAME	Kevin Daves		1.2 NAME			
STREET ADDRESS	007 37 107-1 0- 0	st	1.3 STREET ADDRESS			
CITY-ST-ZIP	Wichita, KS 67206		1.4 CITY-ST-ZIP			
TITLE		☐ DELETE	2.1 TITLE		Change	☐ Addition
NAME			2.2 NAME			1
STREET ADDRESS			2.3 STREET ADDRESS			
CITY-ST-ZIP		[i] we ext	2.4 CITY-ST-ZIP	<del></del>	- Charas	Addition
TITLE		☐ DELETE	3.1 TITLE		☐ Change	L AGGIOON
NAME			3.2 NAME			
STREET ADDRESS			3.3 STREET ADDRESS			
CITY-ST-ZIP TITLE		☐ DELETE	3.4. CITY-ST-ZIP	<del></del>	Change	Addition
NAME		<u></u>	4. 2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS			
CITY-ST-ZIP			4.4 CITY-ST-ZIP			
TITLE						☐ Addition
NAME		☐ DELETE	5.1 TITLE		☐ Change	
1 TOTAL		☐ DELETE	5.2 NAME		∐ Change	
STREET ADDRESS		☐ DELETE	5.2 NAME 5.3 STREET ADDRESS		∐ Change	
STREET ADDRESS CITY-ST-ZIP			5.2 NAME 5.3 STREET ADDRESS 5.4 CITY- ST-ZIP			
STREET ADDRESS CITY-ST-ZIP TITLE		☐ DELETE	5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE		☐ Change	Addition
STREET ADDRESS CITY-ST-ZIP TITLE NAME			5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE 6.2 NAME			
STREET ADDRESS CITY-ST-ZIP TITLE			5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE			

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 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 address, with all other like empowered.

SIGNATURE: