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PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # S11133 (3)

1. Corporation Name

R.C.S. EQUIPMENT, INC.



Principal Place of Business

11701 NW 21ST ST.
PEMBROKE PINES FL 33026

Mailing Address

11701 NW 21ST ST.
PEMBROKE PINES FL 33026

3. Date Incorporated or Qualified

11/05/1990

3a. Date of Last Report

05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 16446 Erie Place

26 16446 Erie Place

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23 Davie, FL

28 Davie, FL

Zip

Country

Zip

Country

24 33331

25 USA

29 33331

30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SANTORSOLA, ROCCO
11701 NW 21ST ST.
PEMBROKE PINES FL 33026

81 Name

Santorsola, Rocco

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

16446 Erie Place

83

84 City

Davie, FL


FL

85 Zip Code

33331

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.

SIGNATURE

 Rocco Santorsola (D)

April 30, 1996

Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☐ DELETE

NAME SANTORSOLA, ROCCO
STREET ADDRESS 11701 NW 21ST ST.
CITY-ST-ZIP PEMBROKE PINES FL

TITLE ST ☐ DELETE

NAME SANTORSOLA, LINDA
STREET ADDRESS 11701 NW 21ST STREET
CITY-ST-ZIP PEMBROKE PINES FL

TITLE V ☐ DELETE

NAME SANTORSOLA, LISA
STREET ADDRESS 11701 NW 21ST STREET
CITY-ST-ZIP PEMBROKE PINES FL

TITLE V ☐ DELETE

NAME GILBREATH, JACK
STREET ADDRESS 1500 CHARLOTTE DRIVE
CITY-ST-ZIP SEBRING FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE D ☒ Change ☐ Addition

1.2 NAME Santorsola, Rocco
1.3 STREET ADDRESS 16446 Erie Place
1.4 CITY-ST-ZIP Davie, FL 33331

2.1 TITLE ST ☒ Change ☐ Addition

2.2 NAME Santorsola, Linda
2.3 STREET ADDRESS 16446 Erie Place
2.4 CITY-ST-ZIP Davie, FL 33331

3.1 TITLE V ☒ Change ☐ Addition

3.2 NAME Santorsola, Lisa
3.3 STREET ADDRESS 16446 Erie Place
3.4 CITY-ST-ZIP Davie, FL 33331

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition


5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE:

 Rocco Santorsola (D) April 30, 1996 1-954-680-3687

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)