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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # S11133

(3)

R.C.S. EQUIPMENT, INC.

STREET ADDRESS

appears in Block 12

SIGNATUR

CITY-ST-ZIP

FILED May 02 1997 8:00am Secretary of State

Date of the Disc						# 4 1 1 1 1 1 1 1 1 1
Principal Place of Business Mailing Address				7 10 11 10 11 11 11 11 11		
16446 ERIE PLACE						
US	~	US				
					3. Date Incorporated or Qualified	3a. Date of Last Report
					11/05/1990	05/01/1996
2. Principal	Place of Business	2a. Mailing Address			4. FEI Number	Applied For
21		26			65-0242364	Not Applicable
Suite, Apt	L.#, etc	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional
22		27			5. Germicate of Status Dealled	Fee Required
City & Sta	ate	City & State			6. Election Campaign Financing	\$5.00 May Be
23		28			Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Count	ry	8. This corporation has liability for	
24	25 9. Name and Address of Curre	29	30			Yes vo
		ur vaðistelen Yðelit		1 Name	10. Name and Address of New Re	gistered Agent
1	NTORSOLA, ROCCO			Mairie		
16446 ERIE PLACE DAVIE FL 33331			8	2 Street Add	ress (P.O. Box Number is Not Acceptal	ble)
UA	WE FL 33331					
				"		
			6	4 City		85 Zip Code
11 Duraupri	t to the provisions of Sections 607.05	00 and 607 4500 Florida Centus				FL Co
office or	registered agent, or both, in the Stat	e of Florida. Such change was a	uthorized	by the corporal	poration submits this statement for the parties tion's board of directors. I hereby acce	purpose of changing its registered pt the appointment as registered
agent. Li	am familiar with, and accept the obli	gations of, Section 607.0505. Flo	irida Statul	es.		,
SIGNATURE	Signature, typed or purified name of registered a	and the descionals. (MAY)				
12.		ND DIRECTORS	13.	gent elgnature requi	red when reinstating) ADDITIONS/CHANGES TO OFFIC	DATE CERS AND DIRECTORS IN 12
1-TLE	D	DELETE	1.1 TiTLI		7.55.11.51.57.11.11.52.57.57.11.	Change Addition
NAME	SANTORSOLA, ROCCO		1.2 NAM	E		
STREET ADORESS	JOJJA PRIE DI LOF			et address		
CITY - ST - Zif	DAME FL		1.4 CITY			
TITLE	ST	☐ DELETE	2.1 TITLE		·	Change Addition
NAME	SANTORSOLA, LINDA		2.2 NAM	E		-
STREET ADORESS	16446 ERIE PLACE		2.3 STRE	ET ADDRESS		
CITY-ST-ZIP	DAVIE FL			- ST - ZIP		•
THILE	V	☐ DELETE	3.1 TITLE		· · · · · · · · · · · · · · · · · · ·	Change Addition
NAME	SANTORSOLA, LISA		3.2 NAM			· ——-
STREET ADDRESS			3.3 STRE	ET ADDRESS	•	•
CITY - ST - ZIP	DAVIE FL		3.4. CITY	-\$1-ZIP		
TITLE	V	DELETE	4.1 TITLE			Change Addition
NAME	GILBREATH, JACK		4. 2 NAM	E		
STREET ADDRESS			4.3 STRE	ET ADORESS		
CiTY-ST-ZIP	SEBRING FL		4.4 CITY	ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE			☐ Change ☐ Addition
NAME			5.2 NAM	<u>:</u>		
STREET ADDRESS			5.3 STRE	ET ADDRESS		
CrTY - ST - ZIP			5.4 CITY			
TITLE		DELETE	B.1 TITLE			☐ Change ☐ Addition
NAME			6.2 NAM	. 1		

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP 14. I do 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 exemption or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name