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FILED  
Apr 14 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # S20136 (5)  
1. Corporation Name  
RCS DEVELOPMENT CORPORATION



Principal Place of Business: C/O CASTLE GROUP, INC.  
999 BAKER WAY, SUITE 301  
SAN MATEO CA 94404  
US

Mailing Address: C/O CASTLE GROUP, INC.  
999 BAKER WAY, SUITE 301  
SAN MATEO CA 94404-1566  
US

3. Date Incorporated or Qualified: 12/20/1990  
3a. Date of Last Report: 04/17/1996  
4. FEI Number: 65-0233261  
Applied For: Not Applicable  
5. Certificate of Status Desired: ☐ \$8.75 Additional Fee Required  
6. Election Campaign Financing: ☐ \$5.00 May Be Added to Fees  
7. Trust Fund Contribution: ☐  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: ☐ Yes ☒ No

2. Principal Place of Business: 21. C/O Castle Group, Inc.  
Suite, Apt. #, etc.: 26. Suite, Apt. #, etc.  
22. 1675 Mariners Island, Ste 100  
City & State: 27. City & State  
23. San Mateo, CA  
Zip: 24. 94404 Country: 25. Country  
26. Zip: 27. Country: 28. Country: 29. Country: 30. Country

9. Name and Address of Current Registered Agent

BRYANT, BRAD D.  
6400 CONGRESS AVENUE  
SUITE 2000  
BOCA RATON FL 33487

10. Name and Address of New Registered Agent

81. Name  
82. Street Address (P.O. Box Number is Not Acceptable)  
83.  
84. City FL 85. Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE
DP	SPEICHER, ROBERT C.	999 BAKER WAY, SUITE 301	SAN MATEO CA	<input type="checkbox"/>
DVS	BREINING, CLIFFORD A.	1810 GATEWAY DR STE 100	SAN MATEO CA	<input type="checkbox"/>
AS	FISH, DEBORAH	6400 CONGRESS AVE	BOCA RATON FL	<input type="checkbox"/>
VT	BRYANT, BRAD D.	6400 CONGRESS AVE	BOCA RATON FL	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP	Change	Addition
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY - ST - ZIP	<input type="checkbox"/>	<input type="checkbox"/>
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY - ST - ZIP	<input type="checkbox"/>	<input type="checkbox"/>
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY - ST - ZIP	<input type="checkbox"/>	<input type="checkbox"/>
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY - ST - ZIP	<input type="checkbox"/>	<input type="checkbox"/>
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY - ST - ZIP	<input type="checkbox"/>	<input type="checkbox"/>

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 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 in an attachment with an address.

SIGNATURE: X / [Signature] REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/12/97 (415) 1638-2100

CR2E034 (9/96)