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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

**Katherine Harris** 

Secretary of State DIVISION OF CORPORATIONS

## 1999 DOCUMENT # S54890 1. Corporation Name

STREET ADDRESS

R.P.C. OF SOUTH FLORIDA INC.

Principal Place	of Business	Mailing Address		- I 30031010 101 01111 0100 10110 fatsi oo	4
10728 S W 1881		P O BOX 164139			•
MIAMI FL 33157		MIAMI FL 33166-139		DO NOT WRITE II	N THIS SPACE
US .		US		3. Date Incorporated or Qualifed	TITIS STACE
	•			05/23/1991	
2. Principal Pl	ace of Business	2a. Mailing Address	- 2	4. FEI Number	Applied For
21		26 PO BOX 164	139	65-0263802	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certifcate of Status Desired	\$8.75 Additional
22	<u> </u>	27	<u> </u>		Fee Required
City & State		City & State	E FIA	6. Election Campaign Financing	\$5.00 May Be Added to Fees
23	Country	28 /VV /4 /VI I +	Country	Trust Fund Contribution  8. This corporation owes the current y	
Zip	25		DADE	Personal Property Tax.	Yes No
24	9. Name and Address of Current	1-VD-011P	, J. (1)	10. Name and Address of New Regis	stered Agent
			81 Name		
RUNDLETT, ROYCE, K			82 Street Addr	ress (P.O. Box Number is Not Acceptable)	
10720 SW 106 AVE.		Ou cot riodi	oss (i let por rames) in the reseption,	·	
MIAN	II FL 33176		83		`
			84 City		85 Zip Code
			' '		FL   S   Z   D   D   D   D   D   D   D   D   D
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statutes Felorida, Such change was aut	s, the above-named corp horized by the corporation	oration submits this statement for the purpon's board of directors. I hereby accept the	ose of changing its registered appointment as registered
agent. I a	m familiar with, and accept the obligation	ons of, Section 607.0505, Florid	la Statutes.		
SIGNATURE		A)OTS 5	legistered Agent signature require	d when relations)	DATE
12.	Signature, typed or printed name of registered agent OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICE	
TITLE .	P	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	RUNDLETT, ROYCE K.		1.2 NAME	1	
STREET ADDRESS	10720 S.W. 106 AVENUE		1.3 STREET ADDRESS	/	
CITY-ST-ZIP	MIAMI FL		1.4 CITY-ST-ZIP	···	
TITLE	ST	☐ DELETE	0.4 5777 5		
NAME	RUNDLETT, MARY S.		2.1 TITLE		☐ Change ☐ Addition
STREET ADDRESS	10720 S.W. 106 AVENUE		2.1 TILE 2.2 NAME		☐ Change ☐ Addition
CITY-ST-ZIP	LUARN EL				☐ Change ☐ Addition
TITLE	MIAMI FL .		22 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP		
	S	• DELETE	2.2 NAME 2.3 STREET ADDRESS	n family filmings	☐ Change ☐ Addition  Change ☐ Addition
NAME	S RUNDLETT, MARY S.	OELETE OELETE	2.2 NAME 2.3 STREET ADDRESS 2.4 CTTY-ST-ZIP 3.1 TITLE	and the same of th	
NAME STREET ADDRESS	S RUNDLETT, MARY S. 10720 SW 106 AVE.	DELETE	2.2 NAME 2.3 STREET ADDRESS 2.4 CTTY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS	and the same of th	
STREET ADDRESS	S RUNDLETT, MARY S.		2.2 NAME 2.3 STREET ADDRESS 2.4 CTTY-ST-ZIP 3.1 TITLE	and the same of th	Change Addition
STREET ADDRESS CITY-ST-ZIP TITLE	S RUNDLETT, MARY S. 10720 SW 106 AVE.	DELETE	2.2 NAME 2.3 STREET ADDRESS 2.4 CTTY-ST-ZIP 3.1 TITLE	and the same of th	
STREET ADDRESS	S RUNDLETT, MARY S. 10720 SW 106 AVE.		2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE	and the same of th	Change Addition
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CITY-ST-ZIP 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 attachment with an address, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

FILED Apr 26, 1999 8:00 am Secretary of State

04-26-1999 90004 044 \*\*\*150.00