

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

**CORPORATION  
ANNUAL REPORT  
1995**



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

**FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
95 APR -6 PM 4:10**

**DOCUMENT # V25062 (3)**  
1. Corporation Name  
**R. C. P. INVESTMENT, INC.**

Principal Place of Business      Mailing Address  
**2500 HOLLYWOOD BLVD.  
SUITE 215  
HOLLYWOOD FL 33020**      **2500 HOLLYWOOD BLVD.  
SUITE 215  
HOLLYWOOD FL 33020**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified      3a. Date of Last Report  
**03/27/1992**      **11/18/1994**

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21		26		65-0331419		Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired		8.75 Additional Fee Required	
22		27		<input type="checkbox"/>			
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution		5.00 May Be Added to Fees	
23		28		<input type="checkbox"/>			
Zip	Country	Zip	Country	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
24	25	29	30				

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>PINSONNAULT, RICHARD 2500 HOLLYWOOD BLVD., SUITE #215 HOLLYWOOD FL 33020</b>				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				<b>FL</b>			

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D PINSONNAULT, RICHARD 1431 S. OCEAN BLVD. #78 POMPANO BEACH FL</b>	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		12 NAME	
STREET ADDRESS		13 STREET ADDRESS	
CITY - ST - ZIP		14 CITY - ST - ZIP	
		21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		22 NAME	
NAME		23 STREET ADDRESS	
STREET ADDRESS		24 CITY - ST - ZIP	
CITY - ST - ZIP		31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		32 NAME	
NAME		33 STREET ADDRESS	
STREET ADDRESS		34 CITY - ST - ZIP	
CITY - ST - ZIP		41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		42 NAME	
NAME		43 STREET ADDRESS	
STREET ADDRESS		44 CITY - ST - ZIP	
CITY - ST - ZIP		51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		52 NAME	
NAME		53 STREET ADDRESS	
STREET ADDRESS		54 CITY - ST - ZIP	
CITY - ST - ZIP		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		62 NAME	
NAME		63 STREET ADDRESS	
STREET ADDRESS		64 CITY - ST - ZIP	
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 110.07(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:** \_\_\_\_\_ **March 20<sup>th</sup> / 95** 305-925-7006  
SIGNATURE AND TYPED OR PRINTED NAME OF DOMING OFFICER OR DIRECTOR (Date) (System Name #)