

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

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # V65553 (2)
1. Corporation Name
RECREATIONAL VEHICLE SERVICE ACADEMY, INC.



Principal Place of Business Mailing Address
**1127 ELLENTON GILLETTE RD.
ELLENTON FL 34222** **1127 ELLENTON GILLETTE RD.
ELLENTON FL 34222**

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Country
24 Zip 25 Country 29 Zip 30 Country

3. Date Incorporated or Qualified **09/21/1992** 3a. Date of Last Report **04/05/1995**
4. FLI Number **23-2434885** Applied For Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

g. Name and Address of Current Registered Agent

**SANTORO, THOMAS J.
5815 18TH ST. E.
ELLENTON FL 34222**

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 607.0602 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 607.0605, Florida Statutes.

SIGNATURE

Signature (Typed or Printed Name of Officer or Director) _____

Date (Typed or Printed Name of Agent or Secretary) _____

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PT SANTORO, THOMAS J	1.1 TITLE	Delete "Treasurer"
NAME	5815 18TH ST.	1.2 NAME	
STREET ADDRESS	ELLENTON FL	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	VPS SANTORO, LOUISE M	2.1 TITLE	Delete "Secretary"
NAME	5815 18TH ST. E.	2.2 NAME	
STREET ADDRESS	ELLENTON FL	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	S JENNIFER L. SANTORO
NAME		3.2 NAME	5815 18TH ST.
STREET ADDRESS		3.3 STREET ADDRESS	ELLENTON FL
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	T MICHAEL T. SANTORO
NAME		4.2 NAME	5815 19TH ST.
STREET ADDRESS		4.3 STREET ADDRESS	ELLENTON FL
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	100001869071
NAME		6.2 NAME	-06/20/96--01025--022
STREET ADDRESS		6.3 STREET ADDRESS	***225.00
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

100001869071
-06/20/96--01025--022
***225.00

06-19-96

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, as changed, or in an attached instrument with an address.

SIGNATURE: *Thomas J. Santoro* **Dr. Thomas J. Santoro** 6-1-96 (441) 722-5256
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE (Typed Name)

CR2E034 (12/95)