

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

FILED

**Jun 18 1998 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # P97000031885 (1)

1. Corporation Name
RDS FINANCIAL SERVICES, INC.



Principal Place of Business

Mailing Address

**930 NO SUNCOAST BLVD.
CRYSTAL RIVER FL 34429**

**930 NO SUNCOAST BLVD.
CRYSTAL RIVER FL 34429**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
04/07/1997

4. FEI Number
59-3438737

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 owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

2. Principal Place of Business

21 **28100 U.S. Hwy 19 N.**

22 **Suite 509**

23 **Clearwater, FL**

24 **33761**

25 **US**

2a. Mailing Address

26 **1820 Oak Trail W.**

27 **Apt 113**

28 **Clearwater, FL**

29 **33764**

30 **US**

9. Name and Address of Current Registered Agent

**DESIMONE, RICHARD W
930 NO SUNCOAST BLVD.
CRYSTAL RIVER FL 34429**

10. Name and Address of New Registered Agent

81 Name **Richard W. DeSimone**

82 Street Address (P.O. Box Number is Not Acceptable)
28100 U.S. Hwy 19, North

83 **Suite 509**

84 City **Clearwater** **FL** 85 Zip Code **33761**

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

TITLE	D	<input type="checkbox"/> DELETE
NAME	DESIMONE, RICHARD W	
STREET ADDRESS	2960 WEST ESCAMBIA LANE	
CITY-ST-ZIP	LECANTO FL 34460	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	1820 Oak Trail W. #113
1.4 CITY-ST-ZIP	Clearwater, FL. 33764
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	900002566109
6.3 STREET ADDRESS	-06/18/98--01101--036
6.4 CITY-ST-ZIP	***150.00

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.

SIGNATURE **[Signature]** DATE **6-18-98** 812-669-6777

CR2E034 (10/97)

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RDS FINANCIAL SERVICES, INC.

May 22, 1998

Division of Corporations
Annual Reports Filings
P.O. Box 1500
Tallahassee, FL 32302-1500

Re: Profit Corporation Annual Report

To Whom It May Concern:

I have enclosed a check in the amount of \$150.00 for the filing fee of this report. I realize that I am filing this form after May 1st, 1998, however, I just received this form on May 20, 1998 due to the fact that it was mailed to an address (930 N. Suncoast Blvd., Crystal River, FL 34429) where I am no longer doing business. My correct business address is 28100 US Highway 19 North, Suite 509, Clearwater, Florida 33761.

Thank you for your cooperation in this matter.

Sincerely,

A handwritten signature in black ink, appearing to read 'Richard W. DeSimone', is written over a horizontal line.

Richard W. DeSimone
RD/kee