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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # J98562

(8)

RDS DE	VELOPMENT CORP.								
Principal Place of Business Mailing Address % ROBERT D. SOIFER % ROBERT D. SOIFER								SIBIL BIBSI WIRII	87 8 31 188 1
21301 POWERLINE ROAD SUITE 212 21301 POWERLINE ROAD S BOCA RATON FL 33433 BOCA RATON FL 33433-2398				12					
						3. Date Incorporated or Qualified 10/20/1987		ate of Last Re /23/1996	eport
	ace of Business	2a. Mailing Address				4, FEI Number			plied For
Suite, Apt	# nic	Suite. Apt #, etc.				65-0011886		\$8.75 A	t Applicable
22	27					5. Certificate of Status Desired		Fee Re	
	City & State City & State					6. Election Campaign Financing		\$5.00	May Be
23		28				Trust Fund Contribution		Added t	
Zip				g. This corporation has liability for intangible tax under s. 1 Florida Statutes Yes X No			. 199.032,		
24	25 29 30 30 S Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent			
SOIF	ER, ROBERT D.			81	Name	······································	X		
21301 POWERLINE ROAD				82	Street Addr	ress (P.O. Box Number is Not Acceptat	ole)		
SUITE 212							·		
BOC	CA RATON FL 33433			63					
			ſ	64	City		FL	85 Zip (Code
11. Pursuant l	to the provisions of Sections 607,050	2 and 607.1508, Florida Statu	ites, the ab	XOVE	e-named corp	poration submits this statement for the p		changing it	s registered
office or re agent. I as	egistered agent, or both, in the State m familiar with, and accept the oblig-	of Florida. Such change was ations of, Section 607.0505, F	authorized Iorida Stati	i by utes	y the corporat s.	poration submits this statement for the particular tion's board of directors. I hereby acceptions	ot the app	xointment as	registered
SIGNATURE									
	Signature, typed or printed name of registered ag- OFFICERS AN		TE: Registered	Age	int signature requir	red when reinstating) ADDITIONS/CHANGES TO OFFIC	DATE	O DIDECTOR	C (N) 12
12. TITLE	PD	DELETE	1.1 (()	LE	1	ADDITIONS/CHANGES TO GITTE	VELIO VIVI	Change	Addition
NAME	SOIFER, ROBERT D.		1.2 NA	ME					
STREET ADDRESS	21301 POWERLINE RD #212		1.3 ST	REET	ADDRESS				
City-St-2P	BOCA RATON FL		1.4 00	IY-\$	ST-ZIP				
THILE	ST COURTS DODEST D	DELETE	2.1 111		l			Change	Addition
NAME	SOIFER, ROBERT D. 21301 POWERLINE RD #212		2.2 NA						
STREET ADDRESS	BOCA RATON FL				ADDRESS				
CITY-ST-ZIP TITLE	DOCATORIO	DELETE	2. 4 CI 3.1 TIT		S1-21P			Change	Addition
NAME			3.2 NA						
STREET ADDRESS			3.3 \$11	REET	ADDRESS	•			
CITY - ST - ZIF			3.4. CI	TY - 5	ST-ZIP				
TITLE		DELETE	4.1 TIT	LE				Change	Addition
NAME.			4.2 N/	AME	- 1				İ
STREET ADDRESS			ı		ADDRESS				
CITY-SI-ZiP		DELETE	4.4 CR		ST-ZIP			Change	Addition
TITLE NAME			52 NA					Gilding	Presi Addition)
STREET ADDRESS			4		ADDRESS				
CHY-ST-ZIP			5.4 CIT						
TITLE		DELETE	6.1 TIT					Change	Addition
NAME			6.2 NA	ME					
STREET ADORESS			6.3 ST	REET	ADDRESS				

CHY-S1-ZIP

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 on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTO

Spil 28, 1887

FILED

May 08 1997 8:00am

Secretary of State

4/8-6/12 Daytime Priorie 1