SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 19, 1994.
AMOUNT DUE ON OR BEFORE 8/19/94: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

CORPORATION ANNUAL REPORT 1994

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
94 JUN 30 AM 9:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 507795 (3)

1. Corporation Name
RSI HOLDINGS OF FLORIDA,INC.

Mailing Address	Principal Place of Business
901 NW 31ST AVE. FT. LAUDERDALE FL 33311	901 NW 31ST AVE. FT. LAUDERDALE FL 33311

DO NOT WRITE IN THIS SPACE

If above addresses are incorrect in any way, line through incorrect information and enter correction below

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

3. Date Incorporated or Qualified: 07/26/1976
3a. Date of Last Report: 03/16/1993
4. FEI Number: 58-0527570 — 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

DILLON, RICHARD A JR
901 NW 31ST AVE
FT. LAUDERDALE FL 33311

10. Name and Address of New Registered Agent

81 Name: Charles M. Bolt
82 Street Address (P.O. Box Number is Not Acceptable): 901 N.W. 31st Ave.
83
84 City: Fort Lauderdale FL 85 Zip Code: 33311

11. Pursuant to the provisions of Sections 607.0502 and 607.1508 or Sections 617.0502 and 617.1508, 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 or 617.0503, Florida Statutes.

SIGNATURE: Charles M. Bolt, President (Signature, typed or printed name of registered agent and title if applicable) — Charles M. Bolt, President (NOTE: Registered Agent signature required when reinstating) — 6/27/94 (Date)

12. OFFICERS AND DIRECTORS		13. CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	D	1.1 TITLE	Director
1.2 NAME	GUY, C.C.	1.2 NAME	Guy, C.C.
1.3 STREET ADDRESS	1 SHELTER CENTRE	1.3 STREET ADDRESS	1005 E. Dixon Blvd.
1.4 CITY-ST-ZIP	GREENVILLE SC	1.4 CITY-ST-ZIP	Shelby, N.C. 28150
2.1 TITLE	S/T	2.1 TITLE	Director-Secretary/Treasurer
2.2 NAME	COX, WILLIAM W	2.2 NAME	Ogburn, Joe F.
2.3 STREET ADDRESS	901 NW 31 AVE	2.3 STREET ADDRESS	1005 E. Dixon Blvd.
2.4 CITY-ST-ZIP	FT LAUDERDALE FL	2.4 CITY-ST-ZIP	Shelby, NC 28150
3.1 TITLE	V	3.1 TITLE	No Change
3.2 NAME	CALLAHAN, GARRY	3.2 NAME	
3.3 STREET ADDRESS	901 NW 31 AVE	3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	FT LAUDERDALE FL	3.4 CITY-ST-ZIP	
4.1 TITLE	D	4.1 TITLE	Director
4.2 NAME	MICKEL, BUCK A..	4.2 NAME	Mickel, Buck
4.3 STREET ADDRESS	1 SHELTER CENTRE	4.3 STREET ADDRESS	245 E. Broad Street
4.4 CITY-ST-ZIP	GREENVILLE SC	4.4 CITY-ST-ZIP	Greenville, SC 29606
5.1 TITLE	D	5.1 TITLE	Director-President
5.2 NAME	BOLT, CHARLES M.	5.2 NAME	Bolt,Charles M.
5.3 STREET ADDRESS	1 SHELTER CENTRE	5.3 STREET ADDRESS	901 N.W. 31st Ave.
5.4 CITY-ST-ZIP	GREENVILLE SC	5.4 CITY-ST-ZIP	Fort Lauderdale, FL 33311
6.1 TITLE	P/E/O	6.1 TITLE	
6.2 NAME	DILLON, RICHARD A, JR	6.2 NAME	Delete
6.3 STREET ADDRESS	901 NW 31ST AVE	6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	FT LAUDERDALE FL	6.4 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 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 or Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Joe F. Ogburn — Joe F. Ogburn — 704-482-3424
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR