FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **567613** **(5)**

1. Corporation Name

R S N, INC.

Principal Place of Business

7011 INTERNATIONAL DRIVE
ORLANDO FL 32819
US

Mailing Address

MR. GORDAN A. NIELSEN
298 OHIO ST
WINTER PARK FL 32789-3507
US

3. Date Incorporated or Qualified: **03/31/1978**

3a. Date of Last Report: **01/24/1995**

2. Principal Place of Business
21

Suite, Apt. #, etc.
22

City & State
23

Zip 24 Country 25

2a. Mailing Address
26 **298 OHIO St.**

Suite, Apt. #, etc.
27

City & State
28

Zip 29 Country 30

4. FEI Number: **59-1855312** ☐ 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

9. Name and Address of Current Registered Agent

NIELSEN,SR., GORDON A.
298 OHIO STREET
WINTER PARK FL 32789

10. Name and Address of New Registered Agent

81 Name **SAME**

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 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: G.A. Nielsen Sr. DATE: 1/18/96

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	STD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	NIELSEN, SR. M GORDON		1.2 NAME		
STREET ADDRESS	298 OHIO STREET		1.3 STREET ADDRESS		
CITY-ST-ZIP	WINTER PARK FL		1.4 CITY-ST-ZIP		
TITLE	DP	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	NIELSEN, ELMA D		2.2 NAME		
STREET ADDRESS	298 OHIO STREET		2.3 STREET ADDRESS		
CITY-ST-ZIP	WINTER PARK FL		2.4 CITY-ST-ZIP		
TITLE	DVP	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	NIELSEN, ALFRED R		3.2 NAME		
STREET ADDRESS	716 KELLY'S COVE		3.3 STREET ADDRESS		
CITY-ST-ZIP	OCOEE FL		3.4 CITY-ST-ZIP		
TITLE	DAST	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	NIELSEN, STEPHEN E		4.2 NAME		
STREET ADDRESS	734 LAUREL WAY		4.3 STREET ADDRESS		
CITY-ST-ZIP	CASSELBERRY FL		4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (12/95)

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, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: G.A. Nielsen Sr. 1/18/96 407-644-8035

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #