SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 605

605106

(4)

RICHARD S. RHODES, P.A.

T ARBINE SINK ARABA DUDU KARN ARAKA DAKK BURUK BURUK BURUK ARAK ARAK

FILED

Sep 17 1998 8:00am

Secretary of State

| Principal Plac | on of Business | | B.d.o.ili | | | | | | | |
|---|---------------------------------------|------------------------------------|---------------------|---|---------------------------------------|----------|--|--|---------|--|
| Principal Place of Business Mailing Address | | | | | | | | | | |
| 126 EAST JEFFERSON STREET ORLANDO FL 32801 | | | | 126 EAST JEFFERSON STREET ORLANDO FL 32801 | | | | | | |
| ONDANDO FE | OZOVI | | UNLA | NUU FL 320UI | | | | DO NOT WRITE IN THIS SPACE | | |
| | | | | | | | | 3. Date Incorporated or Qualified | | |
| ĺ | | | | | | | | 04/08/1974 | | |
| 2. Principal I | Place of Busin | 1088 | 2a. Malling Address | | | | | 4. FEI Number Applied | For | |
| 21 | | | 26 | 26 | | | | 59-1515349 Not App | | |
| Suite, Apt | .#, etc. | | S | Suite, Apt. #, etc. | | | | SR 75 Addition | | |
| 22 | | | 27 | 27 | | | | 5. Certificate of Status Desired Fee Require | | |
| City & Sta | ite | | City & State | | | | | 6. Election Campaign Financing \$5.00 May | Po - | |
| 23 | | | 28 | 28 | | | | Trust Fund Contribution Added to Fee | | |
| Zip | Country | | | Zip Count | | | | 8. This corporation owes or has paid the current year Intangible | | |
| 24 | 25 | | 29 | 1 — | | | | Personal Property Tax due June 30. Yes No | | |
| | 9. Name | and Address of Curren | t Registered Agent | | | | 10. Name and Address of New Registered Agent | | | |
| RHODES, LINDA S. | | | | | | | Name | | | |
| 198 EAST IEEECDSON STDEET | | | | | | 82 | Ctroot A | ddress (P.O. Box Number is Not Acceptable) | | |
| ORLANDO FL 32801 | | | | | | 02 | SHOOLA | doress (P.O. Box Number is Not Acceptable) | • | |
| 0110 410 0 1 C 02001 | | | | | | В3 | · · · | | | |
| | | | | | | | | | | |
| | | | | | | 84 | City | 85 Zip Code | | |
| 11. Pursuant to the provisions of sections 607,0502 and 607,1508, Florida Statutes, the above | | | | | | | named cor | moretion submits this statement for the purpose of changing its register | - | |
| OTHER OF | regist ere a ag | ient, or doth, in the State | ot Florida. | . Such change was | authorized | ibγ | the corpor | ration's board of directors. I hereby accept the appointment as register | ed | |
| agent. i | am tamıllar w | ith, and accept the obliga | tions of, 8 | ection 607.0505, Fi | orida Stat | utes | i. | | | |
| SIGNATURE | Signature tuned | or printed name of registered agen | and title II as | Inlicable (A) | OTE: Paplate | | ant election | required when reinstating) DATE | _ | |
| 12. | orginataja, typod | OFFICERS AN | <u> </u> | , , , , , , | 13. | 60 A | gent signature | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN | 112 | |
| TITLE | PD | | | DELETE | 1.1 TIT | LE | | | | |
| NAME | RHODES, (RICHARD S.) | | | C. J OECE IC | | 1.2 NAME | | L_j Change | ddition | |
| STREET ADDRESS | JAA F IFFFFAAALI ATAH | | | i | | | ADDRESS | | | |
| CITY-ST-ZIP | ON ANDO EL | | | | 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP | | | | | |
| TITLE | D | | | | | _ | -2112 | | | |
| NAME | RHODES, LINDA S. | | | L DELETE | ETE 2.1 TITLE 2.2 NAMI | | | Change / | ddition | |
| | | | | | | | | | | |
| STREET ADDRESS | 126 E. JEFFERSON STREET ORLANDO FL | | | | | | ADDRESS | | ŀ | |
| CITY-ST-ZIP | | ' FL | | 7-4 | 2.4 CIT | | -ZIP | | | |
| TITLE | D RH OD ES, (JOHN H. JR.) | | | DELETE 3.1 | | | | Change # | ddition | |
| NAME | | | | | 3.2 NA | | | | | |
| STREET ADDRESS | ADI ANDA EL | | | | | | ADDRESS | | | |
| CITY-ST-ZIP | UHLANDO | PL | | | 3.4 CIT | | -ZIP | | | |
| TITLE | ļ | | | DELETE | 4.1 TITI | _ | | Change A | ddition | |
| NAME | | | | | 4.2 NAME | | | | | |
| STREET ADDRESS | | | | | 4.3 STF | EET | ADDRES\$ | | | |
| CITY-ST-ZIP | | | | | 4.4 CIT | Y-ST- | ZIP | |] | |
| TITLE | LE | | | DELETE | DELETE 5.1 TITLE | | | Change A | ddition | |
| NAME | | | | | 5.2 NA | ИE | | v | | |
| STREET ADDRESS | | | | | 5.3 STR | EETA | ADDRESS | | | |
| CITY-ST-ZIP | | | | | 5.4 CIT | Y-\$T- | ZIP | | | |
| TITLE | | | | DELETE | 6.1 TIT | | · · · · | Change A | ddilion | |
| NAME | | | | — | 6:2 NAME | | | States | -3.541 | |
| | | | | | | | | | | |

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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

.....

STREET ADDRESS

CITY-ST-ZIP

2E034 (5/98)