

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

FILED
Apr 15 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **F02312** (9)
1. Corporation Name
R.S. CUSTER INC.



Principal Place of Business 1013 S.E. 9TH STREET FT. LAUDERDALE FL 33316	Mailing Address 1013 S.E. 9TH STREET FT. LAUDERDALE FL 33316
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 10/20/1980	
4. FEI Number 59-2042004		Applied For <input type="checkbox"/> Not Applicable		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent

**HULL, FLOYD V., JR.
1040 BAYVIEW DRIVE
FT. LAUDERDALE FL 33304**

10. Name and Address of New Registered Agent

81 Name
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	PD
NAME	CUSTER, RICHARD S., SR.	1.2 NAME	CUSTER, RICHARD S. SR.
STREET ADDRESS	140 JASMINE RD	1.3 STREET ADDRESS	1013 S.E. 9 STREET
CITY-ST-ZIP	ST AUGUSTINE FL	1.4 CITY-ST-ZIP	FT. LAUDERDALE, FL 33316
TITLE	VD	2.1 TITLE	V/S/D
NAME	CUSTER, RICHARD S JR	2.2 NAME	CUSTER, RICHARD S. JR.
STREET ADDRESS	1550 S.W. 23RD AVE	2.3 STREET ADDRESS	1550 S.W. 23 AVE.
CITY-ST-ZIP	FT LAUDERDALE FL	2.4 CITY-ST-ZIP	FT. LAUDERDALE, FL 33312
TITLE	TD	3.1 TITLE	TD
NAME	CUSTER, DEBORAH A	3.2 NAME	CUSTER, DEBORAH A.
STREET ADDRESS	RT 5 BOX 2140 (TRICE LANE)	3.3 STREET ADDRESS	140 JASMINE RD
CITY-ST-ZIP	CRAWFORDVILLE FL	3.4 CITY-ST-ZIP	ST. AUGUSTINE, FL
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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.

CR2E034 (10/97)