

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. Mortham Secretary of State DIVISION OF CORPORATIONS |
|--|---|---|

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 |
|--|--|

DO NOT WRITE IN THIS SPACE

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

| | |
|--|--|
| 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 |
| 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

| | | | |
|--------------------|--|--|---------------------------------|
| TITLE PD | NAME CUSTER, RICHARD S., SR. | STREET ADDRESS 140 JASMINE RD ST AUGUSTINE FL | <input type="checkbox"/> DELETE |
| TITLE VD | NAME CUSTER, RICHARD S JR | STREET ADDRESS 1550 S.W. 23RD AVE FT LAUDERDALE FL | <input type="checkbox"/> DELETE |
| TITLE TD | NAME CUSTER, DEBORAH A | STREET ADDRESS RT 5 BOX 2140 (TRICE LANE) CRAWFORDVILLE FL | <input type="checkbox"/> DELETE |
| TITLE | NAME | STREET ADDRESS | <input type="checkbox"/> DELETE |
| TITLE | NAME | STREET ADDRESS | <input type="checkbox"/> DELETE |
| TITLE | NAME | STREET ADDRESS | <input type="checkbox"/> DELETE |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | | |
|---------------------------|---|--|---|
| 1.1 TITLE PD | 1.2 NAME CUSTER, RICHARD S. SR | 1.3 STREET ADDRESS 1013 S.E. 9 STREET FT. LAUDERDALE, FL 33316 | <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 2.1 TITLE V/S/D | 2.2 NAME CUSTER, RICHARD S. JR. | 2.3 STREET ADDRESS 1550 S.W. 23 AVE. FT. LAUDERDALE, FL 33312 | <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 3.1 TITLE TD | 3.2 NAME CUSTER, DEBORAH A. | 3.3 STREET ADDRESS 140 JASMINE RD ST. AUGUSTINE, FL | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.1 TITLE | 4.2 NAME | 4.3 STREET ADDRESS | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.1 TITLE | 5.2 NAME | 5.3 STREET ADDRESS | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.1 TITLE | 6.2 NAME | 6.3 STREET ADDRESS | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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.

CP2E034 (10/97)

SIGNATURE *R.S. Custer* DATE *4/16/98*