

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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



700002445787-4  
-03/03/98--01075--003  
DO NOT WRITE ON THIS SPACE \$150.00

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **F63380** (2)  
1. Corporation Name  
**R. D. I. REALTY, INC.**

Principal Place of Business <b>12995 CLEVELAND AVE SUITE 164 FT. MYERS FL 33907</b>	Mailing Address <b>12995 CLEVELAND AVE SUITE 164 FT. MYERS FL 33907</b>
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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 <b>01/15/1982</b>	4. FEI Number <b>59-2160189</b> Applied For Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	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
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9. Name and Address of Current Registered Agent <b>KEIM, JEFFREY J 12995 CLEVELAND, AVE., STE. 164 FT MYERS FL 33907</b>	10. Name and Address of New Registered Agent 81 Name <b>CORPORATION SERVICE COMPANY</b> 82 Street Address (P.O. Box Number is Not Acceptable) 83 <b>1201 HAYS STREET</b> 84 City <b>TALLAHASSEE</b> <b>FL</b> 85 Zip Code <b>32301</b>
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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: *Change of Agent to above was filed on 11/26/97* DATE: \_\_\_\_\_  
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ST SAGE, DONNA 12995 CLEVELAND AVE, STE 164 FT MYERS FL</b> <input checked="" type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<b>T FISHER, TIM D 12995 CLEVELAND AVE #164 FT MYERS, FL</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD KEIM, JEFFREY 12995 CLEVELAND AVE. FT. MYERS FL</b> <input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<b>P KEIM, JEFFREY 12995 CLEVELAND AVE #164 FT MYERS, FL</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD BIDGOOD, DAVID 12995 CLEVELAND AVE., #165 FT MYERS FL</b> <input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<b>V BIDGOOD, DAVID 12995 CLEVELAND AVE #164 FT MYERS, FL</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<b>SD RONDEAU, PATRICK E 5295 TOWN CENTER RD #400 BOCA RATON, FL 33486</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<b>D GRAY, NICOLAS L 5295 TOWN CENTER RD #400 BOCA RATON, FL 33486</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<b>D FERGUSON, DANNY L. 5295 TOWN CENTER RD #400 BOCA RATON, FL 33486</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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.

SIGNATURE: *Patrick E. Rondeau* **PATRICK E. RONDEAU** 2/2/98 (561361-2705)

CR2E034 (10/97)