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

PROFIT CORPORATION **ANNUAL REPORT**

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F93000004072 (5)

RHODES-FORT MYERS/GP, INC.

1-71-48

FILED Feb 10 1998 8:00am⁻ Secretary of State



Principal Place of Business Mailing Address					* {800/100	(4), 0)0 14 00 111 10010 (101 1001
1990 M STREET NW #650			1990 M STREET. NW			
WASHINGTON DC 20006			SUITE 650 WASHINGTON DC 20036		DO NOT WRITE IN THIS SPACE	
			US		3. Date Incorporated or Qualified	
					09/08/1993	
	incipal Pla	ce of Business	2a. Mailing Address		4. FEI Number	Applied For
21	do Ant #	Alo	Suite, Apt. #, etc.		52-1839523	Not Applicable
22	uite, Apt. #.	, etc.	27		5. Certificate of Status Desired	\$8.75 Additional Fee Regulred
Cr	City & State		City & State	,,,,,,	6. Election Campaign Financing	\$5.00 May Be
23			28		Trust Fund Contribution	Added to Fees
Zij	Р	Country	Zip	Country	8. This corporation owes or has paid the co	_ ' _ '
24		26	····	30	Personal Property Tax due June 30.	Yes No
9. Name and Address of Current Registered Agent 10, Name and Address of New Registered Agent CT CORP SYSTEM 81 Name						
1990 COULT DINE ICI AND DOAD						
PLANTATION FL 33324				62 Street Add	ress (P.O. Box Number is Not Acceptable)	
T BATIATION TE 33324				83		
{						1=1-1-1
1				84 City	FI	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						
12.		goalure, typed or pented name of registered r	ignot and tale if applicable (NOTE ND DIRECTORS	Registered Agent signature requi	ADDITIONS/CHANGES TO OFFICERS AN	ID DIRECTORS IN 12
TITLE		PD	DELETE	1.1 TITLE	ADDITIONAL TANGES TO CITTLE TO A	Change Addition
NAME	1	AMBROSI, ROBERT J	_	1.2 NAME		
ı	ADDRESS	341 BROAD ST.		1.3 STREET ADDRESS		į
CITY-S		CLIFTON NJ 07013		1.4 CITY - ST - ZIP		
TITLE		VPD	DELETE	21 TITLE		Change Addition
NAME	ļ	PEREL, MARC		2.2 NAME		
STREET	ADDRESS	341 BROAD STREET		2.3 STREET ADDRESS		i
CITY-S	IT - ZIP	CLIFTON NJ		2. 4 City-St-ZiP		
TITLE		NEI DOD LOCEOU V	DELETE	3.1 TITLE		Change Addition
NAME	-	MELROD, JOSEPH K 1990 M STREET NW #650		32 NAME		ļ
ł	ADDRESS	WASHINGTON DC 20036		3 3 STREET ADDRESS		ļ
CITY-S	T-2IP	D TWASHINGTON DC 20036	DELETE	3.4. CITY-ST-ZIP		Change Addition
TITLE		MELROD, DANIEL	ביים מנונונ	4.7 ITILE 4. 2 NAME		C cusude C Modition
ì	ADDRESS	1990 M STREET NW #650		4. 2 NAME 4.3 STREET ADDRESS		\
CITY-S		WASHINGTON DC 20036		4.4 CITY-ST-ZIP		1
TITLE	11-11		DELETE	5.1 TITLE		Change Addition
NAME			_	5.2 NAME		
	ADDRESS			5 3 STREFT ADDRESS		1
CITY-S	1 - ZIP			5.4 CITY-ST-ZIP		
TITLE			DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME				6.2 NAME		
STREET	ADDRESS			6.3 STREET ADDRESS		1
CITY-S	T-ZIP			6 4 CITY-ST-ZIP		

I hereby certify that the information indicated on this annual reportion of the corp. Block 12 or Block 13 if charges 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 supplies that a supplies the same legal effect as if made under oath; that I am an or trusted employer or trusted employer or trusted employer or trusted employer or trusted employers of the supplies the supplies on an attachment with an address.

SIGNATURE:

JOSEPH MELROD

2-2-98

202-785-1212