## Fee= 165+8.10 = 1/3.15

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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # F9500001258 (1)

RSI ENTERPRISES, INC.

Principal Place	of Business	Mailing Address	Mailing Address				
3550 N CENTRAL AVE		7333 E DOUBLETREE R. SUITE 270	7333 E DOUBLETREE RANCH				
SUITE 200 PHOENIX AZ 85012		SCOTTSDALE AZ 05258-2023 US					
US				3. Date Incorporated or Qualified 3a. Date of Last Report 01/30/1996			
2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number		Applied For
21		26			84-1145794		Not Applicable
Suite, Apt	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired		5 Additional
22		27			8. Cettilicate of Status Desired	Fee	Required
City & State	)	City & State			6. Election Campaign Financing		00 May Be
23		28			Trust Fund Contribution	☐ Adde	ed to Fees
Zip 24	Country	Zip	·	untry	6. This corporation has liability for	intangible tax unde	er s. 199.032,
24]	25 9. Name and Address of Curren	29 29 Agent	30	1	Florida Statutes  10. Name and Address of New Re		
C T				81 Name			
	CORPORATION SYSTEM						
	) S. PINE ISLAND RD.			82 Street Address (P.O. Box Number is Not Acceptable)			
PLAN	NTATION FL 33324			63		<u></u>	
				<u> </u>			
				84 City		FL 85 Z	Zip Code
44 Durauant I	to the provisions of Sections 607 050	2 and 607 1508 Florida Sta	tides the s	hove named cor	reaction submits this slatement for the		a ite registered
office or re agent. Lar	egistered agent, or both, in the State of familiar with, and accept the obligation in the state of familiar with, and accept the obligation in the state of the	of Florida Such change wa ations of, Section 607.0505,	is authorize Florida Sta	d by the corpora tutes.	rporation submits this statement for the ation's board of directors. I hereby acce	pt the appointment	as registered
SIGNATURE							
······································	Signature, typed or portled name of registered age.  OFFICERS AND			ed Agent signature requ	ulred when reinstating)  ADDITIONS/CHANGES TO OFFI	DATE CERS AND DIRECT	TODG IN 12
12.	VCD OFFICERS AND	DELETE	13.		ADDITIONS/OFFICES TO OFFE	CERS AND DIRECT	
						LJ Visus	in it wanted
NAME	STAUDOHAR, JAMES D			AME			
STREET ADDRESS	10157 E BAYVIEW DR			STREET ADDRESS			
CITY-ST-ZiF	SCOTTSDALE AZ	DELETE		CITY-ST-ZIP		Chang	oe
TITLE	PSTD TIMOTHY A	<del></del> ·	2.11			i Vitang	% Thymnion
NAME	BRAINERD, TIMOTHY A			IAME		1	
STREET ADDRESS	7333 E. DOUBLETREE RANCH	HU.	1	STREET ADDRESS			
CITY-ST-ZIF	SCOTTSDALE AZ	DELETE		CITY-ST-ZIP		Chan	pe Addition
TITLE	DC	☐ DELETE	3.1 T			Chan	ge Ti vonnou
NAME	ULRICH, DONALD J			AME			
STREET ADDRESS	5302 E. DESERT VISTA RD.			STREET ADDRESS			
CITY - ST - ZIP	PARADISE VALLEY AZ	\ h \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		CHTY-ST-ZIP		1105	Addition
TITLE	D	DELETE	4.1 T			☐ Chang	ge 🔲 Addition
NAME	ULRICH, DEAN			NAME			
STREET ADORESS	5302 E. DESERT VISTA RD.		1	STREET ADDRESS			
CITY-ST-ZIP	PARADISE VALLEY AZ 85253	I DELETE		CITY-ST-ZIP		[ ] ()	64488
TITLE		☐ DELETE	5.1 1			L Chang	ge Addition
NAME				§AME 3MA≨			-
STREET ADDRESS				STREET ADDRESS			
C(TY - ST - ZIP		L errer		CITY-ST-ZIP		[7] 61	T autois
TITLE		☐ DELETE	6.1 T	·		☐ Chang	ge L. Addition
NAME			621	NAME			
STREET ADDRESS			6.3 8	STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP		<del></del>	
14. I do herek informatio	by certify that the information supplied in indicated on this annual report or s	d with this filing does not qualification	ualify for the is true and	<ul> <li>axemption state</li> <li>accurate and the</li> </ul>	ed in Section 119.07(3)(I), Florida Statut at my signature shall have the same leg	es. I further certity to al effect as if made	hat the runder oath; tha
I am an of appears it	fficer or director of the corporation or n Block 12 or Block 13 if changed, or	thé receiver or trustee emp r on an attachment with an ε	xowered to address.	execute this repo	at my signature shall have the same leg ort as required by Chapter 607, Florida	Statutes; and that n	

**SIGNATURE** 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-29-97

FILED

Feb 06 1997 8:00am

Secretary of State

Daytime Phone #