## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 FILED PROFIT FLORIDA DEPARTMENT OF STATE Jan 27 1998 8:00am CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # F95000003388 (4) RDMC, INC. OF DELAWARE Principal Place of Business Mailing Address 701 S HOMESTEAD BLVD 35250 SW 177TH CT #114 HOMESTEAD FL 33034 DO NOT WRITE IN THIS SPACE HOMESTEAD FL 33034 3. Date Incorporated or Qualified US 07/17/1995 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0543606 21 701 S. Homestead Blvd Not Applicable 26 same as above \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired 22 4,5 & 7 Fee Required 27 City & State City & State 6. Election Campalgn Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 Homestead, 28 Country 8. This corporation owes or has paid the current year Intangible Country Zip 33030 USA Personal Property Tax due June 30. XX Yes 25 30 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 WOLFE, LARRY 200-A JOHN KNOX RD Street Address (P.O. Box Number is Not Acceptable) TALLAHASSEE FL 32303-6643 83 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. Change DELETE 1.1 TITLE TITLE DENNIS, RICHARD 1.2 NAME NAME 35250 SW 177TH CT #114 1 3 STREET ADDRESS STREET ADDRESS HOMESTEAD FL 33034 1.4 CITY - ST-ZIP CITY - ST - ZIP DELETE Change Addition 2.1 TITLE TiTLE 2.2 NAME 2, 4 CITY - ST - ZIP TITLE DELETE Change \_\_\_ Addition 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4, CITY-ST-ZIP TITLE DELETE 4.1 TITLE Change \_\_\_ Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP TITLE DELETE 5.1 TITLE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY - ST - ZIP 5.4 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. SIGNATURE: 01/12/98

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

Change

(305)245-8266

Addition

DELETE

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP