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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **F95000003388**1. Corporation Name

RDMC, INC. OF DELAWARE

Principal Place of Business Mailing Address					
701 S HOMESTEAD BLVD 35250 SW 177TH CT #114					
4, 5, 8, 7 HOMESTEAD EL 2000					DO NOT WRITE IN THIS SPACE
HOMESTEAD FL 33030 US					3. Date Incorporated or Qualifed
00					07/17/1995
2. Principal Place of Business 2a. Mailing Address					4. FEI Number Applied For
701 S. Homestead Blvd. 26 same as above			re		65-0543606 Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.					5. Certificate of Status Desired \$8.75 Additional
22 4 & 5					5. Certificate of Status Desired Fee Required
City & State City & State					6. Election Campaign Financing \$5.00 May Be
23 Homest					Trust Fund Contribution Added to Fees
Zip	Country	Zip	Country		8. This corporation owes the current year Intangible Personal Property Tax. XX Yes \(\sum \) No
24 33030	25 USA	29 30	0		Personal Property Tax. XXI Yes LJNo 10. Name and Address of New Registered Agent
	9. Name and Address of Curren	Registered Agent	81	Name	10. Nume and Address of Now Additional Agent
WOL	FE, LARRY			<u> </u>	
200-A JOHN KNOX RD			82	Street A	Address (P.O. Box Number is Not Acceptable)
TALLAHASSEE FL 32303-6643			83	<u> </u>	
			84	City	FL 85 Zip Code
office or re agent. I a	egistered agent, or both, in the State in familiar with, and accept the obligations of the state	of Florida. Such change was autr tions of, Section 607.0505, Florid	nonzed by la Statutes	tne corpor	corporation submits this statement for the purpose of changing its registered pration's board of directors. I hereby accept the appointment as registered squired when reinstating) DATE
12.		D DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	CPS	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	DENNIS, RICHARD		1.2 NAME		
STREET ADDRESS	35250 SW 177TH CT #114		1.3 STREE	T ADDRESS	
CITY-ST-ZIP	1101120121212121212		14 CITY-S	T-ZIP	
TITLE		☐ DELETE	2.1 TITLE		Change Addition
NAME			2.2 NAME		
STREET ADDRESS			23 STREE	TADDRESS	
CITY-ST-ZIP			2. 4 CITY-	ST-ZIP	☐ Change ☐ Addition
TITLE		☐ DÉLETE	3.1 TITLE		Change Change
NAME			3.2 NAME		
STREET ADDRESS				T ADDRESS	
CITY-ST-ZIP			3.4. CITY-:	ST-ZIP	☐ Change ☐ Addition
TITLE					
NAME			4. 2 NAME	T ADDRESS	
STREET ADDRESS				l l	·
CITY-ST-ZIP		□ DELETE	4.4 CITY-S 5.1 TITLE	11-21-	☐ Change ☐ Addition
NAME		_ occ.,,,	5.2 NAME		
STREET ADDRESS			5.3 STREE	TADDRESS	
CITY-ST-ZiP			5.4 CITY-S	ST-ZIP	
TITLE		☐ DELĒTE	6.1 TITLE		. Change Addition

14. 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, with all other like empowered. SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

PED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Richard Dennis

6.2 NAME 6 3 STREET ADDRESS

6.4 CITY-ST-ZIP

01/25/99

(305)245-8255

FILED

Mar 01, 1999 8:00 am Secretary of State

03-01-1999 90037 005 ***150.00