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PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **G09672** (8)

1. Corporation Name

RDI RESORT SERVICES CORP.



Principal Place of Business

**12995 CLEVELAND AVE
SUITE 164
FORT MYERS FL 33907**

Mailing Address

**12995 CLEVELAND AVE
SUITE 164
FORT MYERS FL 33907**

3. Date Incorporated or Qualified
11/24/1982

3a. Date of Last Report
04/13/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SAGE, DONNA
12995 CLEVELAND AVE
SUITE 164
FORT MYERS FL 33907**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

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

Signature, typed or printed name of registered agent and date of application

Signature, typed or printed name of registered agent and date of application

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	NAME	KEIM, JEFFERY	DELETED
STREET ADDRESS			12995 CLEVELAND AVE #164	
CITY-STATE-ZIP			FORT MYERS FL	
TITLE	VD	NAME	FISHER, TIM	DELETED
STREET ADDRESS			12995 CLEVELAND AVE #164	
CITY-STATE-ZIP			FORT MYERS FL	
TITLE	SD	NAME	KEIM, LUANNE	DELETED
STREET ADDRESS			12995 CLEVELAND AVE	
CITY-STATE-ZIP			FORT MYERS FL	
TITLE		NAME		DELETED
STREET ADDRESS				
CITY-STATE-ZIP				
TITLE		NAME		DELETED
STREET ADDRESS				
CITY-STATE-ZIP				

1. TITLE	Change	Addition
12. NAME		
13. STREET ADDRESS		
14. CITY-STATE-ZIP		
2. TITLE	Change	Addition
22. NAME		
23. STREET ADDRESS		
24. CITY-STATE-ZIP		
3. TITLE	Change	Addition
32. NAME		
33. STREET ADDRESS		
34. CITY-STATE-ZIP		
4. TITLE	Change	Addition
42. NAME		
43. STREET ADDRESS		
44. CITY-STATE-ZIP		
5. TITLE	Change	Addition
52. NAME		
53. STREET ADDRESS		
54. CITY-STATE-ZIP		
6. TITLE	Change	Addition
62. NAME		
63. STREET ADDRESS		
64. CITY-STATE-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 or person 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)