

FILE 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 # G09672 (8)

1. Corporation Name

RDI RESORT SERVICES CORP.

Principal Place of Business

Mailing Address

12995 CLEVELAND AVE
SUITE 164
FORT MYERS FL 33907

12995 CLEVELAND AVE
SUITE 164
FORT MYERS FL 33907

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/24/1982

4. FEI Number

59-2257190

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fees Required

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name CORPORATION SERVICE COMPANY

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

83 1201 HAYS STREET

84 City TALLAHASSEE FL 85 Zip Code 32301

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 then applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

Change of agent to above was filed on 11/26/97

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12. TITLE PD
NAME KEIM, JEFFERY
STREET ADDRESS 12995 CLEVELAND AVE #164
CITY-ST-ZIP FORT MYERS FL

☐ DELETE

TITLE VD
NAME FISHER, TIM
STREET ADDRESS 12995 CLEVELAND AVE #164
CITY-ST-ZIP FORT MYERS FL

☐ DELETE

TITLE SD
NAME SAGE, DONNA
STREET ADDRESS 12995 CLEVELAND AVE
CITY-ST-ZIP FORT MYERS FL

☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. 1.1 TITLE D
1.2 NAME KEIM, JEFFERY
1.3 STREET ADDRESS 12995 CLEVELAND AVE #164
1.4 CITY-ST-ZIP FORT MYERS, FL

☒ Change ☐ Addition

2.1 TITLE V
2.2 NAME FISHER, TIM
2.3 STREET ADDRESS 12995 CLEVELAND AVE #164
2.4 CITY-ST-ZIP FT MYERS, FL

☒ Change ☐ Addition

3.1 TITLE SD
3.2 NAME RONDEAU, PATRICK E
3.3 STREET ADDRESS 5295 TOWN CENTER RD #400
3.4 CITY-ST-ZIP BOCA RATON, FL 33486

☐ Change ☒ Addition

4.1 TITLE D
4.2 NAME GRAY, NICOLAS L
4.3 STREET ADDRESS 5295 TOWN CENTER RD #400
4.4 CITY-ST-ZIP BOCA RATON, FL 33486

☐ Change ☒ Addition

5.1 TITLE D
5.2 NAME FERGUSON, DANNY L
5.3 STREET ADDRESS 5295 TOWN CENTER RD #400
5.4 CITY-ST-ZIP BOCA RATON, FL 33486

☐ Change ☒ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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

RONDEAU, PATRICK E.

2/2/98

5413/12206

APPROVED
AND
FILED

98 MAR -2 AM 10:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



CR2E034 (10/97)