

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

FILED

May 15 1997 8:00am  
Secretary of State

<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1997</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # H29507 (1)**

1. Corporation Name  
**RDI GROUP, INC.**

Principal Place of Business  
**12995 CLEVELAND AVENUE**  
**SUITE 164**  
**FT. MYERS FL 33907**

Mailing Address  
**12995 CLEVELAND AVENUE**  
**SUITE 164**  
**FT. MYERS FL 33907-3875**



<b>2. Principal Place of Business</b> 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country		<b>2a. Mailing Address</b> 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country		<b>3. Date Incorporated or Qualified</b> <b>11/09/1984</b>	<b>3a. Date of Last Report</b> <b>05/01/1996</b>
<b>4. FEI Number</b> <b>59-2504187</b>		<b>Applied For</b> <input type="checkbox"/> Not Applicable		<b>5. Certificate of Status Desired</b> <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Election Campaign Financing</b> Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>		<b>8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	

<b>9. Name and Address of Current Registered Agent</b> <b>KEIM, RANDY L</b> <b>12995 CLEVELAND AVE., #164</b> <b>FORT MYERS FL 33907</b>				<b>10. Name and Address of New Registered Agent</b> 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 85 Zip Code	
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>VD</b> NAME <b>BIDGOOD, DAVID</b> STREET ADDRESS <b>12995 CLEVELAND AVE., #164</b> CITY-ST-ZIP <b>SANIBEL FL</b>	<input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <b>STD</b> NAME <b>KEIM, LUANNE</b> STREET ADDRESS <b>1191 BIRD LANE</b> CITY-ST-ZIP <b>SANIBEL FL</b>	<input checked="" type="checkbox"/> DELETE	2.1 TITLE <b>ST</b> 2.2 NAME <b>Karen Parsons</b> 2.3 STREET ADDRESS <b>12995 Cleveland Ave, Ste. 164</b> 2.4 CITY-ST-ZIP <b>Fort Myers, FL. 33907</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE <b>PD</b> NAME <b>KEIM, RANDY</b> STREET ADDRESS <b>12995 CLEVELAND AVE., #164</b> CITY-ST-ZIP <b>FT. MYERS FL</b>	<input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	<input type="checkbox"/> DELETE	4.1 TITLE <b>VPD</b> 4.2 NAME <b>Jeffery J. Keim</b> 4.3 STREET ADDRESS <b>12995 Cleveland Ave, Ste 164</b> 4.4 CITY-ST-ZIP <b>Fort Myers, FL. 33907</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do 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: *Karen Parsons* **REQUIRED** 4/30/97  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)