


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

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98 MAR -2 AM 10:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham 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
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DO NOT WRITE IN THIS SPACE

21 2. Principal Place of Business	2a. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

3. Date Incorporated or Qualified 11/09/1984	
4. FEI Number 59-2504187	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

KEIM, RANDY L
12995 CLEVELAND AVE., #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 *Change of Agent to above was filed on 11/26/97*
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when resigning) DATE

12. OFFICERS AND DIRECTORS

TITLE	VD	<input type="checkbox"/> DELETE
NAME	BIDGOOD, DAVID	
STREET ADDRESS	12995 CLEVELAND AVE., #164	
CITY-ST-ZIP	SANIBEL FL	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	PARSONS, KAREN	
STREET ADDRESS	12995 CLEVELAND AVE, STE 164	
CITY-ST-ZIP	FORT MYERS FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	KEIM, RANDY	
STREET ADDRESS	12995 CLEVELAND AVE., #164	
CITY-ST-ZIP	FT. MYERS FL	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	KEIM, JEFFERY J	
STREET ADDRESS	12995 CLEVELAND AVE, STE 164	
CITY-ST-ZIP	FT MYERS FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	BIDGOOD, DAVID	
1.3 STREET ADDRESS	12995 CLEVELAND AVE #164	
1.4 CITY-ST-ZIP	ft MYERS FL	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	100002445981--9	
2.3 STREET ADDRESS	-03/03/98--01085--008	
2.4 CITY-ST-ZIP	****150.00 ****150.00	
3.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	KEIM, RANDY	
3.3 STREET ADDRESS	12995 CLEVELAND AVE #164	
3.4 CITY-ST-ZIP	FT MYERS, FL	
4.1 TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	KEIM, JEFFERY	
4.3 STREET ADDRESS	12995 CLEVELAND AVE, #164	
4.4 CITY-ST-ZIP	FT MYERS, FL	
5.1 TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	RONDEAU, PATRICK E	
5.3 STREET ADDRESS	5295 TOWN CENTER RD #400	
5.4 CITY-ST-ZIP	BOCA RATON FL 33486	
6.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	GRAY, NICOLAS L	
6.3 STREET ADDRESS	5295 TOWN CENTER RD #400	
6.4 CITY-ST-ZIP	BOCA RATON, FL 33486	

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 *Patrick E. Rondeau* PATRICK E. RONDEAU

CR2E034 (10/97)

AP 3/2/98