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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

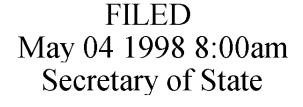
Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # H5897

(5)

RDW, INC.



257-794-1.022

Principal Plac	e of Business	Mailing Address							
297 E HWY SO SUITE 1 CLERMONT FL 34711 US		297 E HWY 50 SUITE 1 CLERMONT FL 34711				DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 05/28/1985			
		U\$	US						
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Number		Apr	olied For
21		26	26			59-2573239		Not	Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired		_	dditional
City & State		Oity & State	City & State					ee Rec	<u> </u>
23	u	⊢ ′	28			6. Election Campaign Financing Trust Fund Contribution		.UU Nided to	May Be
Zip	Country	Zip	Countr	У		8. This corporation owes or has paid the c			
24	25		30	_		Personal Property Tax due June 30.	Yes		No
	9. Name and Address of Curre	nt Registered Agent				10. Name and Address of New Registered	I Agent	·	
	nnon, dennis		61	1	Name				
	S S LAKESHORE DR		82 Street A			ess (P.O. Box Number is Not Acceptable)			
Į. CLI	ERMONT FL 34711		63	+					
			L						
			84	1	City	F	85	Zip Ci	ode
11. Pursuant	to the provisions of Sections 607.05	02 and 607,1508, Florida Statutes	s, the abov	ve-	named corps	oration submits this statement for the purpose	of chang	ing its	registered
office or r agent. I a	'e giste red agent, or both, in the Stat I m fam iliar with, and accept the obli	e of Florida. Such change was au gations of, Section 607.0505, Flori	ithorized b ida Statute	oy 1 98.	the corporation	on's board of directors. I hereby accept the ap	pointmei	nt as re	egistered
SIGNATURE	,								
	Signature, typed or printed name of registered a			peni	t signature require	ed when reinstating) DATE			
12.	· 	ND DIRECTORS DELETE	13.			ADDITIONS/CHANGES TO OFFICERS AN	ID DIREC		Addition
TITLE	PD DENNIS D	[] Velete	1.1 TITLE 1.2 NAME					műc	Acception
STREET ADDRESS	CANNON, DENNIS D. 637 W. LAKESHORE DR.		1.3 STREET ADDRESS		ADDRESS				
CITY-ST-ZIP	CLERMONT FL		1.4 CHY-		i i				
TITLE	DST	DELETE	21 TITLE		-		Cha	inge	Addition
NAME	CANNON, DEBRA R.		2.2 NAME						
STREET ADDRESS	637 W. LAKESHORE DR.		2.3 STREET ADDRESS		ADDRESS				
CITY-ST-ZIP	CLERMONT FL		2 4 CITY-ST-ZIP		I-ZIP				
TITLE		☐ DELETE			,		L Cha	inge	Addition
NAME			3 2 NAME						
STREET ADDRESS			3.3 STREET ADDRESS 3.4. CITY-ST-ZIP						
CITY-ST-ZIP		DELETE	4.1 TITLE		-211		Cha	ange	☐ Addition
NAME		_	4. 2 NAME					•	
STREET ADDRESS			4.3 STREE	ET A	ADDRESS				
CITY-ST-ZIP	44		4 4 C(TY-	4 4 CITY-ST-ZIP					
TITLE		☐ DELETE	5.1 TITLE				☐ Cha	ange	Addition
NAME			5.2 NAME						
STREET ADDRESS			5 3 STREE	TĄ	ODRESS				
CITY-ST-ZIP		□ pri <i>tit</i>	5.4 CITY-	_	- ZIP		Cha		☐ Addition
TITLE		☐ DELETE	61 TITLE 62 NAME				LL UTA	«មេ <mark>៥</mark>	Audition
STREET ADDRESS			63 STREE		annerse				
CITY-ST-ZIP			6.4 CITY-						
44 11	certify that the information supplied	with this filing does not qualify for	dla a accessor		ك من اممامات مد	Section 119.07(3)(i), Florida Statutes. I further	certify the	at the i	nformation
indicated officer or Block 12	on this annual report or supplemen director of the corporation or the re- or Block 13 if along to or on an alt	Ial annual report is true and accuraciver or trustee empowered to exachment with an address.	rate and the xecute this	hat s re	t my signaturi aport as requ	section 119.07(3)(i), Florida Statutes: I furnier to shall have the same legal effect as if made upired by Chapter 607, Florida Statutes; and that	inder oat : my nam	n; that e app	I am an ears in