

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **H75578** (5)

1. Corporation Name
RADEVCO FINANCIAL SERVICES, INC.



Principal Place of Business: **400 HIGH POINT DR., SUITE 550 COCOA FL 32926 US**
Mailing Address: **400 HIGH POINT DR., SUITE 550 COCOA FL 32926 US**

3. Date Incorporated or Qualified: **09/11/1985**
3a. Date of Last Report: **05/01/1995**

2. Principal Place of Business: **621 ALOHA AVENUE**
2a. Mailing Address: **P.O. BOX 2146**
21. Suite, Apt. #, etc.:
22. City & State: **COCOA, FL**
23. City & State: **COCOA, FL**
24. Zip: **32927**
25. Country: **BREVARD**
26. Zip: **32923-2146**
27. Country: **BREVARD**

4. FEI Number: **59-2775675**
Applied For: Not Applicable
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
**ROBERSON, ANN K.
400 HIGH POINT DRIVE, SUITE 550
COCOA FL 32926**

10. Name and Address of New Registered Agent
81. Name:
82. Street Address (P.O. Box Number is Not Acceptable): **621 ALOHA AVENUE**
83. City: **COCOA** FL 85. Zip Code: **32927**

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 re-registering) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBERSON, ANN K.	1.2 NAME	
STREET ADDRESS	400 HIGH POINT DRIVE SUITE 550	1.3 STREET ADDRESS	621 ALOHA AVENUE
CITY-ST-ZIP	COCOA FL	1.4 CITY-ST-ZIP	COCOA, FL 32927
TITLE	V <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBERSON, LARRY	2.2 NAME	
STREET ADDRESS	400 HIGH POINT DR, STE 550	2.3 STREET ADDRESS	621 ALOHA AVENUE
CITY-ST-ZIP	COCOA FL	2.4 CITY-ST-ZIP	COCOA, FL 32927
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-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: Ann K. Roberson Date: 4/26/96 Daytime Phone #: 407-632-5161
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: Ann K. ROBERSON PRESIDENT

CR2E034 (12/95)