

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

CORPORATION  
ANNUAL REPORT  
1995



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

APPROVED  
AND  
FILED

95 APR 18 PM 9:34

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **K333339** (8)  
1. Corporation Name  
**RONDER, INC.**

Principal Place of Business Mailing Address  
**672 E OAKLAND PARK BLVD** **672 E OAKLAND PARK BLVD**  
**OAKLAND PARK FL 33334** **OAKLAND PARK FL 33334**

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21 <b>1974 N.E. 163rd ST</b>		2a. <b>4100 N. POWERLINE RD</b>		<b>09/19/1988</b>	<b>05/01/1994</b>
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	Applied For
22		27 <b>SUITE H-5</b>		<b>65-0074027</b>	<input type="checkbox"/> Not Applicable
City & State		City & State		5. Certificate of Status Desired	<input type="checkbox"/> <b>\$8.75</b> Additional Fee Required
23 <b>North Miami Beach, FL</b>		28 <b>POMPANO BEACH, FL</b>		6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
Zip	Country	Zip	Country	7. This corporation has liability for intangible tax under S. 109.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
24 <b>33162</b>	25 <b>USA</b>	29 <b>33073</b>	30 <b>USA</b>		

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>FABIAN, RONALD M.</b> <b>672 E OAKLAND PARK BLVD</b> <b>OAKLAND PARK FL 33334</b>				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City	<b>FL</b>	85 Zip Code	

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signatures, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signatures required when re-registering)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FABIAN, RONALD M.</b>	1.2 NAME	
STREET ADDRESS	<b>672 E OAKLAND PARK BLVD</b>	1.3 STREET ADDRESS	
CITY - ST - ZIP	<b>OAKLAND PARK FL</b>	1.4 CITY - ST - ZIP	
TITLE	<b>D</b>	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HUDE, DEREK G.</b>	2.2 NAME	
STREET ADDRESS	<b>672 E OAKLAND PARK BLVD</b>	2.3 STREET ADDRESS	
CITY - ST - ZIP	<b>OAKLAND PARK FL</b>	2.4 CITY - ST - ZIP	
TITLE		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		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		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		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 true and correctly furnished and does not qualify for the exemption stated in Section 110.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or biennial annual report is from true accounts 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 attached list with an address.

SIGNATURE: R. M. Fabian President 4/11/95 305 984 9137  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Telephone Number)