

FILED

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # K70222 (0)
1. Corporation Name
RSAD VENTURES, INC.

Principal Place of Business XXXXXX XXXXXX XXXXXX XXXXXX XXXXXX XXXXXX US						Mailing Address XXXXXX XXXXXX XXXXXX XXXXXX XXXXXX XXXXXX US																	
2. Principal Place of Business 21 2940 South Tamiami Trail Suite, Apt. #, etc. City & State Sarasota, Florida Zip 34239 Country USA						2a. Mailing Address 26 2940 South Tamiami Trail Suite, Apt. #, etc. City & State Sarasota, Florida Zip 34239 Country USA						3. Date Incorporated or Qualified 02/24/1989						3a. Date of Last Report 05/01/1996					
						4. FEI Number NOT APPLICABLE						Applied For Not Applicable											
22						27						5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required											
23						28						6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees											
24						29						30											
25						29						30											
b. Name and Address of Current Registered Agent KIRTLLEY, WILLIAM T. XXXXX FOURTH STREET X SARASOTA FL XXXXXX						10. Name and Address of New Registered Agent 81 Name William T. Kirtley 82 Street Address (P.O. Box Number is Not Acceptable) 2940 South Tamiami trail 83 84 City Sarasota FL 85 Zip Code 34239																	
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 principal 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.												DATE 4/29/97											
SIGNATURE [Signature] Signature, typed or printed name of registered agent and title if applicable.												(NOTE: Registered Agent signature required when reinstating)											
12. OFFICERS AND DIRECTORS												13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12											
TITLE D NAME KIRTLLEY, WILLIAM T. STREET ADDRESS 2014 FOURTH STREET CITY- ST- ZIP SARASOTA FL												1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 2940 South Tamiami Trail 1.4 CITY- ST- ZIP Sarasota, Florida 34239											
TITLE D NAME PATTERSON, JAMES A. STREET ADDRESS 2076 20TH STREET CITY- ST- ZIP SARASOTA FL												2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY- ST- ZIP											
TITLE D NAME XXXXXXXXXXXXXXXX STREET ADDRESS XXXXXXXXXXXXXXXX CITY- ST- ZIP XXXXXXXX												3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY- ST- ZIP											
TITLE NAME STREET ADDRESS CITY- ST- ZIP												4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY- ST- ZIP											
TITLE NAME STREET ADDRESS CITY- ST- ZIP												5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY- ST- ZIP											
TITLE NAME STREET ADDRESS CITY- ST- ZIP												6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY- ST- ZIP											
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: [Signature]												William T. Kirtley 04/29/97 941/952-9750											
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR												Date Daytime Phone #											