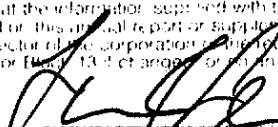


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

May 09 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS																																									
DOCUMENT # M 67745 1. Corporation Name RDC 201 Corp.																																													
Principal Place of Business % LAWRENCE A. LEVINE 4300 N UNIVERSITY DR SUITE A-106 FT. LAUDERDALE FL 33351 US			Mailing Address % LAWRENCE A. LEVINE 4300 N UNIVERSITY DR SUITE A-106 FT. LAUDERDALE FL 33351-6249 US																																										
2. Principal Place of Business 21 Suite, Apt #, etc. 22 City & State 23 Zip 24		2a. Mailing Address 26 Suite, Apt #, etc. 27 City & State 28 Zip 29		3. Date Incorporated or Qualified 02/10/1988 3a. Date of Last Report 05/01/1996 4. FEI Number 65-0029815 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 LEVINE, LAWRENCE A. 4300 N. UNIVERSITY DR. SUITE A-106 FT. LAUDERDALE FL 33351			10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 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 _____ (NOTE: Registered Agent signature required when registering) _____ DATE _____																																													
12. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:5%;">TITLE</td> <td style="width:45%;">NAME</td> <td style="width:5%;">STREET ADDRESS</td> <td style="width:10%;">CITY, ST, ZIP</td> <td style="width:35%;">☐ DELETE</td> </tr> <tr> <td></td> <td>P LAWRENCE LEVINE</td> <td>4300 N UNIVERSITY DR207</td> <td>FT. LAUDERDALE FL</td> <td></td> </tr> <tr> <td></td> <td>VP Barton Levine</td> <td>4300 N University Dr</td> <td>Ft Laud FL 3</td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td>☐ DELETE</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td>☐ DELETE</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td>☐ DELETE</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td>☐ DELETE</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td>☐ DELETE</td> </tr> </table>						TITLE	NAME	STREET ADDRESS	CITY, ST, ZIP	☐ DELETE		P LAWRENCE LEVINE	4300 N UNIVERSITY DR207	FT. LAUDERDALE FL			VP Barton Levine	4300 N University Dr	Ft Laud FL 3						☐ DELETE					☐ DELETE					☐ DELETE					☐ DELETE					☐ DELETE
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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:5%;">1. TITLE</td> <td style="width:45%;">1. NAME</td> <td style="width:5%;">1. STREET ADDRESS</td> <td style="width:10%;">1. CITY, ST, ZIP</td> <td style="width:35%;">☒ Change ☐ Addition</td> </tr> <tr> <td></td> <td>P Lawrence Levine</td> <td>4300 N University Dr A106</td> <td>Ft Laud FL 33351</td> <td></td> </tr> <tr> <td></td> <td>VP Barton Levine</td> <td>4300 N University Dr A106</td> <td>Ft Laud FL 33351</td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td>☐ Change ☐ Addition</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td>☐ Change ☐ Addition</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td>☐ Change ☐ Addition</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td>☐ Change ☐ Addition</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td>☐ Change ☐ Addition</td> </tr> </table>						1. TITLE	1. NAME	1. STREET ADDRESS	1. CITY, ST, ZIP	☒ Change ☐ Addition		P Lawrence Levine	4300 N University Dr A106	Ft Laud FL 33351			VP Barton Levine	4300 N University Dr A106	Ft Laud FL 33351						☐ Change ☐ Addition					☐ Change ☐ Addition					☐ Change ☐ Addition					☐ Change ☐ Addition					☐ Change ☐ Addition
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14. I, the undersigned, 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. 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 of attached Form 1001 with an address.																																													
SIGNATURE:  Lawrence A. Levine 4/28/97 749-6700 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR																																													