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FILED

Jan 15 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N94000005668 (8)

1. Corporation Name

RSIA, INC.



Principal Place of Business

100 WALLACE AVE
SUITE 380
SARASOTA FL 34237

Mailing Address

P.O. BOX 2704
SARASOTA FL 34230-27043. Date Incorporated or Qualified
11/16/19943a. Date of Last Report
03/18/1996

2. Principal Place of Business

21 1800 SECOND ST. ~~855~~

2a. Mailing Address

26 Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 # 855

Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

City & State

23 SARASOTA FL

City & State

28 SARASOTA FL

Zip

24 34236

Country

25 USA

Zip

29

Country

30

4. FEI Number

65-0544854

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution☐\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes☐ Yes☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KING, CLIFFORD M
100 WALLACE AVE
SUITE 380
SARASOTA FL 34237

81 Name

CLIFFORD M. KING

82 Street Address (P.O. Box Number is Not Acceptable)

1800 SECOND ST. # 855

83

84 City

SARASOTA

FL

85 Zip Code

34236

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

Clifford M. King

1-5-97

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☐ DELETE
NAME KING, HORACE C
STREET ADDRESS 1020 N STATE RD
CITY-ST-ZIP FLORA IL 628391.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIPTITLE D ☐ DELETE
NAME KING, CLIFFORD M
STREET ADDRESS 100 WALLACE AVE, SUITE 380
CITY-ST-ZIP SARASOTA FL 342372.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIPTITLE D ☐ DELETE
NAME SCHAEDEL, HEDY A
STREET ADDRESS 75 GARLAND HALL/3400 N. CHARLES ST
CITY-ST-ZIP BALTIMORE MD 21218-26883.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIPTITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP4.1 TITLE ☐ Change ☒ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIPTITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP5.1 TITLE ☐ Change ☒ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIPTITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP6.1 TITLE ☐ Change ☐ Addition
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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0062808

Clifford M. King 1-5-97 941-365-0865

CR2E037 (9/96)