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Jan 15 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA 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 34230-2704

3. Date Incorporated or Qualified 11/16/1994
3a. Date of Last Report 03/18/1996

2. Principal Place of Business
21 1800 SECOND ST. #855

2a. Mailing Address
26 Suite, Apt. #, etc.

4. FEI Number 65-0544854
Applied For Not Applicable

22 Suite, Apt. #, etc. # 855

27 Suite, Apt. #, etc.

5. Certificate of Status Desired \$8.75 Additional Fee Required

23 City & State SARASOTA FL

28 City & State

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

24 Zip 34236 Country USA

29 Zip Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
KING, CLIFFORD M
100 WALLACE AVE
SUITE 380
SARASOTA FL 34237

10. Name and Address of New Registered Agent
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 *Clifford M. King* Clifford M. King 1-5-97
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		
TITLE	D	<input type="checkbox"/> DELETE
NAME	KING, HORACE C	
STREET ADDRESS	1020 N STATE RD	
CITY-ST-ZIP	FLORA IL 62839	
TITLE	D	<input type="checkbox"/> DELETE
NAME	KING, CLIFFORD M	
STREET ADDRESS	100 WALLACE AVE, SUITE 380	
CITY-ST-ZIP	SARASOTA FL 34237	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SCHAEDEL, HEDY A	
STREET ADDRESS	75 GARLAND HALL/3400 N. CHARLES ST	
CITY-ST-ZIP	BALTIMORE MD 21218-2688	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	CEVİK URAZ	
4.3 STREET ADDRESS	DEĞERBİLİR SOKAK 17/11	
4.4 CITY-ST-ZIP	81060 ERENKÖY - İSTANBUL TURKEY	
5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	SADZ-ALP	
5.3 STREET ADDRESS	REKTÖR YRD.	
5.4 CITY-ST-ZIP	ANADOLU ÜNİVERSİTESİ	
5.5 STREET ADDRESS	ESKİŞEHİR, TURKEY	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Clifford M. King* Clifford M. King 1-5-97 941-365-0865
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0062808

CR2E037 (9/96)