FILE NOW: FILING FEE IS \$61.25

NONPROFIT **CORPORATION** ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

	ANNUAL REPORT Secretary of State 1998 DIVISION OF CORPORATIONS				Secretary of State	
	IT INDITIO	00005668 (8))			
RSIA,	INC.				I IBBNIAN BIR IBBNI BIRA BRIA ARAN BRIAN BRIAN	II an a ana ana ana ana ana ana ana ana ana
Principal Place of Business Malling Address						
1800 SECOND	1800 SECOND ST P.O. BOX 2704				3. Date Incorporated or Qualified	
#855 SARASOTA FL 34230					11/16/1994	
SARASOTA FL US	SARASOTA FL 34236 US				4. FEI Number	Applied For
					65-0544854	Not Applicable
2. Principal P	Place of Business	2a. Mailing Address 26			5. Certificate of Status Desired	\$8.75 Additional
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			6. Election Campaign Financing	Fee Required \$5.00 May Be
22		27			Trust Fund Contribution	Added to Fees
23 City & Stat	⊕ ∵	City & State			7. Is this nonprofit corporation a homeown	ners association?
Zip	Country	Zip	Country	,	8. This corporation owes or has paid the	current year Intangible
24	25	29	30		Personal Property Tax due June 30.	Yes 🔀 No
	9. Name and Address of Curre	nt Registered Agent	81	Name	10. Name and Address of New Registere	id Agent
KINO O	HIPPODD M		82			
KING, CLIFFORD M 1800 SECOND ST, #855				Street Add	dress (P.O. Box Number is Not Acceptable)	
	SUITE 380					
	OTA FL 34237		84	03.		
				City	F	85 Zip Code
office or r agent. I a SIGNATURE	egistered agent, or both, in the State im familiar with, and accept the oblig Signature, typed or printed name of registered ag				poration submits this statement for the purpose ation's board of directors. I hereby accept the a purpose white directors is the purpose of t	
12.		ID DIRECTORS	13.	TREE MINISTER	ADDITIONS/CHANGES TO OFFICERS A	
TITLE	D DELETE		1.1 TITLE			☐ Change ☐ Addition
NAME	KING, HORACE C		1.2 NAME			
STREET ADDRESS	1020 N STATE RD		1.3 STREET			
CITY-ST-ZIP TITLE	FLORA IL 62839	DELETE	1.4 CITY - S 2.1 TITLE	T-ZIP		Change Addition
NAME	NING, CLIFFORD M		2.2 NAME			
STREET ADORESS	And takes a south as the matter of the con-			ADDRESS		
CITY-ST-ZIP	ALBAGOTA TIL ALAM		2. 4 City-5			
TITLE	Q	☐ DELETE	3.1 TITLE			☐ Change ☐ Addition
NAME			3.2 NAME			
STREET ADDRESS			3.3 STREET ADDRESS			
CITY-ST-ZIP	BALTIMORE MD 21218-2888		3.4. CITY-ST-ZIP			0
TITLE	D D	☐ DELETE	4.1 TITLE			☐ Change ☐ Addition
NAME	URAZ, CEVIK DEGERBILIR ŞOKAK 17/11		4. 2 NAME	4 DODECO		
STREET ADDRESS CITY-ST-ZIP	ISTANBUL TU		4.3 STREET 4.4 CITY - S			
TITLE	D D	DELETE	5.1 TITLE	1 211		☐ Change ☐ Addition
NAME	ALP, SAOZ		5.2 NAME			. —
STREET ADDRESS	REKTOR YRD, ANADOLU UN	IIVERSITESI	5.3 STREET	ADDRES\$		
CITY-ST-ZIP	ESKISHEHIR TU		5.4 CITY-S	T-ZIP		
TITLE		DELETE	6.1 TITLE			☐ Change ☐ AddItion
NAME			6.2 NAME			
STREET ADORESS			6.3 STREET 6.4 CITY-S			
UIT-51-7P I			= nai::::Y-S	1-7P		

14. Thereby 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:

FILED

Jan 23 1998 8:00am