FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

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

DOCUMENT # P30464 (2)

1. Corporation Name

COAST TO COAST RDA CONSULTANTS, INC.

Principal Place of Business	Mailing Address
1022 PINE HILLS RD ORLANDO FL 32808 US	PO BOX 585460 ORLANDO FL 32858 US

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

3. Date Incorporated or Qualified: 07/05/1990

3a. Date of Last Report: 05/01/1995

4. FEI Number: 22-3052123 ☐ Applied For ☐ Not Applicable

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

BIVIANO, BRIAN
9009 NEW ORLEANS COURT
ORLANDO FL 32818

10. Name and Address of New Registered Agent

81 Name: BIVIANO, BRIAN
82 Street Address (P.O. Box Number is Not Acceptable): 107 BAY HAMMOCK LN.
83
84 City: LONGWOOD FL 85 Zip Code: 32779

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 [signature] BRIAN BIVIANO V.P. DATE 3/4/96

(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PTD	☐ DELETE
NAME	BIVANO, SR JOSEPH	
STREET ADDRESS	11206 MUSTANG ST.	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	VSD	☐ DELETE
NAME	BIVIANO, BRIAN	
STREET ADDRESS	9009 NEW ORLEANS COURT	
CITY-ST-ZIP	ORLANDO FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PTD	☑ Change ☐ Addition
1.2 NAME	BIVIANO, SR JOSEPH	
1.3 STREET ADDRESS	646 VIA MILANO CIR.	
1.4 CITY-ST-ZIP	APOPKA, FL 32712	
2.1 TITLE	VSD	☑ Change ☐ Addition
2.2 NAME	BIVIANO, BRIAN	
2.3 STREET ADDRESS	107 BAY HAMMOCK LN.	
2.4 CITY-ST-ZIP	LONGWOOD, FL 32779	
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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] BRIAN BIVIANO V.P. Date 3/5/96 Daytime Phone # (407) 296-6777

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)