

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

**CORPORATION  
ANNUAL REPORT  
1995**



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

**APPROVED  
AND  
FILED**

95 MAY -1 PM 1:38

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # P92000000117 (1)**

1. Corporation Name  
**RODAN INVESTMENT COMPANY, INC.**

DO NOT WRITE IN THIS SPACE.

Principal Place of Business      Mailing Address  
**255 S ORANGE AVENUE  
SUITE 1466  
ORLANDO FL 32801**      **255 S ORANGE AVENUE  
SUITE 1466  
ORLANDO FL 32801**

3. Date Incorporated or Qualified      3a. Date of Last Report  
**10/21/1992**      **04/15/1994**

2. Principal Place of Business      2a. Mailing Address  
21      26

4. FEI Number      Applied For  
**59-2259676**       Not Applicable

Suite, Apt. #, etc.      Suite, Apt. #, etc.  
22      27

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

City & State      City & State  
23      28

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

Zip      Country      Zip      Country  
24      25      29      30

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

9. Name and Address of Current Registered Agent  
**STANTON, A J  
255 S ORANGE AVENUE  
SUITE 1466  
ORLANDO FL 32801**

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City      FL      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      Signature, typed or printed name of registered agent and title if applicable      (NOTE: Registered Agent signature required when re-registering)      DATE

| 12. OFFICERS AND DIRECTORS |                                       | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |   |
|----------------------------|---------------------------------------|---|---|
| TITLE                      | <b>D</b>                              | 1.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>STANTON, A J JR</b>                | 1.2 NAME  |   |
| STREET ADDRESS             | <b>255 S ORANGE AVENUE SUITE 1466</b> | 1.3 STREET ADDRESS                                    |   |
| CITY-ST- ZIP               | <b>ORLANDO FL 32801</b>               | 1.4 CITY-ST- ZIP                                      |   |
| TITLE                      |                                       | 2.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                       | 2.2 NAME  |   |
| STREET ADDRESS             |                                       | 2.3 STREET ADDRESS                                    |   |
| CITY-ST- ZIP               |                                       | 2.4 CITY-ST- ZIP                                      |   |
| TITLE                      |                                       | 3.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                       | 3.2 NAME  |   |
| STREET ADDRESS             |                                       | 3.3 STREET ADDRESS                                    |   |
| CITY-ST- ZIP               |                                       | 3.4 CITY-ST- ZIP                                      |   |
| TITLE                      |                                       | 4.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                       | 4.2 NAME  |   |
| STREET ADDRESS             |                                       | 4.3 STREET ADDRESS                                    |   |
| CITY-ST- ZIP               |                                       | 4.4 CITY-ST- ZIP                                      |   |
| TITLE                      |                                       | 5.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                       | 5.2 NAME  |   |
| STREET ADDRESS             |                                       | 5.3 STREET ADDRESS                                    |   |
| CITY-ST- ZIP               |                                       | 5.4 CITY-ST- ZIP                                      |   |
| TITLE                      |                                       | 6.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                       | 6.2 NAME  |   |
| STREET ADDRESS             |                                       | 6.3 STREET ADDRESS                                    |   |
| CITY-ST- ZIP               |                                       | 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 110.07(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, upon an attachment with an address.

SIGNATURE: *A. J. Stanton Jr*      2-16-95      407 423 5203  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      (Date)      (Telephone Number)