## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

	MENT # P9200 RDS COURT, INC.	0013475 (8)					
Principal Place of Business Mailing Address						)	901 0151 1001
1065 NE 125TH ST 1065 N.E. 125 ST.							
STE. 207		#207		DO NOT WOITE IN T			
NORTH MIAMI FL 33161		NORTH MIAMI FL 33161 US		DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified			
US		US			12/22/1992		
2. Principal Place of Business		2a. Mailing Address		12/22/1992 4. FEI Number	I	pplied For	
21		26		59-3155662		ot Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			\$8.75	Additional	
22		27		5. Certificate of Status Desired	Fee Re	equired	
City & Stat	6	City & State		6. Election Campaign Financing		May Be	
23		28		Trust Fund Contribution		to Fees	
Zip 24	Country 25	Zip 29	¬ ' <del> </del> ¬ '		8- This corporation owes or has paid the Personal Property Tax due June 30.		tangible No
24	9. Name and Address of Curre		1301		10. Name and Address of New Registe		
WA	ARREN, HAROLD	-	81	Name			
1065 N.E. 125TH ST.			82	Street Addr	ress (P.O. Box Number is Not Acceptable)	-	
STE. 207							
N. MIAMI FL 33161			83				
			84	City		<b>85</b> Zip	Code
					poration submits this statement for the purpos	FL 83 219	
office or ragent. La	Signature, typod or printed name of registered as	gent and title if applicable. (NOT			ion's board of directors. I hereby accept the  ed when rehateling)  DA  ADDITIONS/CHANGES TO OFFICERS	TE	
TITLE			1.1 TITLE	1	ADDITIONAL TANALES TO OFFICE ITS	Change	Addition
NAME			1.2 NAME				
STREET ADDRESS	1065 NE 125TH ST		1.3 STREET	ADDRESS			
CITY-ST-ZIP	NORTH MIAMI FL 33161		1.4 CITY-ST-ZIP				
TITLE	D	☐ DELETE	2.1 TITLE			☐ Change	Addition
NAME			2.2 NAME				
STREET ADDRESS	1999 1199 1991 1991		2.3 STREET	ADDRESS			
CITY-\$T-ZIP			2. 4 CITY-	ST-ZIP			
TITLE	D DUALIDONICOU DUODA	☐ DELETE	3.1 TITLE		·	☐ Change	Addition
NAME	SKAVRONECK, RHODA		3.2 NAME				
STREET ADDRESS	1065 NE 125TH ST		3.3 STREET	1			
CITY-ST-ZIP TITLE	NORTH MIAMI FL 33161	☐ DELETE	3.4. CITY - 3 4.1 TITLE	SI-ZIP		☐ Change	Addition
NAME		otter	4.2 NAME			0.2.795	
STREET ADDRESS			4.2 NAME 4.3 STREET	1			
CITY-ST-ZIP			4.5 STREET				
TITLE		DELETE	5.1 TITLE	-1 417		☐ Change	Addition
NAME			5.2 NAME				
STREET ADDRESS			53 STREET	ADDRESS			
CITY-ST-ZIP			5.4 CITY-S				
TITLE			6.1 TITLE			Change	Addition
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREET ADDRESS				
CITY OT 740			CAPITY O	T 71D			

14. I 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

Mar 09 1998 8:00am

Secretary of State