

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

CORPORATION  
ANNUAL REPORT  
**1995**



FLORIDA DEPARTMENT OF STATE  
Barbara B. Mortman  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # P93000030157 (0)**

1. Corporation Name

RDM FURNITURE, INC.

RECEIVED  
FLORIDA DEPARTMENT OF STATE  
CIVIL DIVISION  
MAY 1995

Principal Place of Business

97 GENCIA DR.  
OVIEDO FL 32765

Mailing Address

P.O. BOX 6005  
TITUSVILLE FL 32782

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 [ ] Suite, Apt. #, etc.

26 Mailing Address

[ ] 26

3. Date Incorporated or Organized  
**04/23/1993**

4. Date of Last Report  
**05/01/1994**

22 [ ] Suite, Apt. #, etc.

27 City & State

[ ] 28

4. FEI Number  
**59-3177791**

[ ] Applied For  
[ ] Not Applicable

23 [ ] City & State

29 Zip

[ ] 30 Country

5. Continuity of Status Desired  
[ ] **\$8.75 Additional  
Fee Required**

24 [ ] Zip

25 Country

[ ] 30 Zip

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

9. Name and Address of Current Registered Agent

METCALF, LILI C  
6955 RIVEREDGE DR.  
TITUSVILLE FL 32780

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

(Type or Print) (Signature of Registered Agent/Officer Appointed) (Date Registered Agent Appointed/Last Registered) (Name)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

OFFICE  
NAME  
STREET ADDRESS  
CITY, ST, ZIP

PT  
MITIAF, ROCKY  
6955 RIVEREDGE DR  
TITUSVILLE FL 32780

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY, ST, ZIP

[ ] Change [ ] Addition

OFFICE  
NAME  
STREET ADDRESS  
CITY, ST, ZIP

VPS  
MITIAF, LILI  
6955 RIVEREDGE DR  
TITUSVILLE FL 32780

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY, ST, ZIP

[ ] Change [ ] Addition

OFFICE  
NAME  
STREET ADDRESS  
CITY, ST, ZIP

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY, ST, ZIP

[ ] Change [ ] Addition

OFFICE  
NAME  
STREET ADDRESS  
CITY, ST, ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY, ST, ZIP

[ ] Change [ ] Addition

OFFICE  
NAME  
STREET ADDRESS  
CITY, ST, ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY, ST, ZIP

[ ] Change [ ] Addition

OFFICE  
NAME  
STREET ADDRESS  
CITY, ST, ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY, ST, ZIP

[ ] Change [ ] Addition

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(6)(b), Florida Statutes. 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 the report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 on Block 12, attached, or on an attachment with an address.

SIGNATURE:

ROCKY D. MCINIF

Prs. 2/8/95 (101) 359-7411

INDIVIDUAL AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR