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

**PROFIT** CORPORATION ANNUAL REPORT

1998



ELORIDA DEPARTMENT DE STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000030157 (0)

RDM FURNITURE, INC.

## **FILED** Mar 10 1998 8:00am Secretary of State



Principal Place of Business Mading Address 97 GENEVA DR. 97 GENEVA DR. OVIEDO FL 32765 **OVIEDO EL 32765** DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 04/23/1993 2a. Mailing Address Applied For 2. Principal Place of Business Not Applicable 59-3177791 21 26 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc 5. Certificate of Status Desired Fee Required 22 City & State \$5.00 May Be City & State 6. Election Campaign Financing Trust Fund Contribution Added to Fees 23 28 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No Country Zip Zip Country 30 25 29 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 METCALF, ULI C 6955 RIVEREDGE DR. 82 Street Address (P.O. Box Number is Not Acceptable) TITUSVILLE FL 32780 64 City 85 Zip Code 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, f lorida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the Statu of Horida, 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, typed or pointed name of regetier diagent and title if applicable (NOTE Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. DELETE Change Addition TITLE 1.1 TITLE METCALF, ROCKY 1.2 NAME NAME **588 OAK ST** 1.3 STREET ADDRESS STREET ADDRESS OVIEDO FL 1.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE **VPS** 2.1 TITLE TITLE METCALF, LILI 22 NAME NAME **588 OAK ST** 23 STREET ADDRESS STREET ADORESS OVIEDO FL 2 4 CfTY-ST-ZIP CITY+ST-ZIP Addition DELETE ☐ Change 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4.2 NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-2IP CITY-ST-ZIP Change Addition DELETE 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-\$1-ZIP CITY-ST-ZIP DELETE \_\_\_ Change ■ Addition 61 TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

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 char

SIGNATURE:

Hocky Metcall