## 2-1/-97 B-1094 CFILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P9400001296 (0)

R.D.F. PRINTING, INC.

Principal Place of Business

P.O. BOX 21246

Mailing Address P.O. BOX 21246

## FILED Feb 11 1997 8:00am Secretary of State



FORT LAUDER	DALE FL 33335	FORT LAUDERDALE FL 3333	5-1246						
					3. Date Incorporated or Qualified 01/05/1994		3a. Date of Last Report 05/01/1996		
استحداث	lace of Business	2a. Mailing Address	24 G	المراجعة	4. FEI Number	······		Applied For	
21	y n.w. 29 Street		J4 D1	reg	65-0462551			Not Applicable	
Suite, Apt	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired			75 Additional e Required	
City & State City & State Land.			Pa	rk.	6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees				
Zip 338	11 25 Brown	Zip 29 33311 3	Country			Yes [	⊒ No	er s. 199.032,	
	9, Name and Address of Current	Registered Agent		Mana	10. Name and Address of New Re	pistered	Agent	<del></del>	
	TH, MITCHEL W		81	Name					
	0 n.e. 163RD \$t. Te 300		82	Street A	ddress (P.O. Box Number is Not Acceptab	le)			
	RTH MIAMI BEACH FL 33162		83				<del></del>		
1101	ATTI MININI DENOTITE 30102								
			84	City		FL	85	Zip Code	
11. Pursuant office or ragent La	to the provisions of Sections 607.0502 egistered agent, or both, in the State c im familiar with, and accept the obligat	and 607.1508, Florida Statutes, of Florida Such change was aut ions of, Section 607.0505, Florid	, the above thorized by da Statute	e-named c the corpo	orporation submits this statement for the p oration's board of directors. I hereby accep	urpose of the app	changii ointmen	ng its registered	
SIGNATURE				<del> </del>					
40	Signature, typed or printed name of registered agent		Registered Ap	ent signature re	equired when reinstating)  ADDITIONS/CHANGES TO OFFICE	DATE EDC AND	DIDEC	TOPS IN 12	
12.	OFFICERS AND	DELETE	1.1 TITLE	т	ADDITIONS/CHANGES TO OFFIC	Ens AND	Char		
NAME	FELDMAN, ROBERT	<u></u>	1.2 NAME						
STREET ADDRESS	2801 N.E. 21ST STREET		1.3 STREET	ADDRESS					
CITY-ST-ZIP	FT. LAUDERDALE FL		1.4 CiTY - 9	ST-ZIP		•			
TITLE		DELETE	2.1 TITLE				Char	nge 🔲 Addition	
NAME			22 NAME						
STREET ADDRESS		•	23 STREET	ADDRESS					
CITY-S1-ZIP			2.4 CITY-	ST-ZIP					
TITLE		DELETE	3.1 TITLE				L_ Chai	nge L. Addition	
NAME		•	3.2 NAME	. ]					
STREET ADDRESS			3.3 STREET						
CITY-ST-ZIP TITLE		DELETE	3.4. CITY-:	ST-ZIP		· · · · · · · · · · · · · · · · · · ·	Char	nge Addition	
NAME		[ becare	4. 2 NAME				L	igo Essa Montroi	
STREET ADORESS			4.3 STREET	AUDBESS					
CITY-ST-ZIP			4.4 CITY-S						
TITLE		DELETE	5.1 TITLE	, E.B			Chai	nge 🔲 Addition	
NAME		•••	5.2 NAME	-					
STREET ADDRESS			5.3 STREET	ADDRESS					
CITY-ST-ZIP			5.4 CITY - S	1					
TITLE		☐ DELETE	6.1 TITLE			······································	☐ Char	nge 🔲 Additior	
NAME			62 NAME						
STREET ADDRESS			63 STREET	ADDRESS					
CITY-ST-ZIP			6.4 CITY-S	ST-ZIP					

14. I do 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 path; 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/4/97 954-677-5323