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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000015896 (1)

FILED Mar 05 1998 8:00am Secretary of State

RSA ADMINISTRATORS, INC.				(1941/86) jis (dill 618)) 68hil paint dâint beter lidet âith, ceite faite bite se		
Principal Plac	ce of Business	Mailing Address			# 1005/60) THE INTIL OFFICE AND	
6345 COLLINS AVE. 499 MARLBORD ROAD MIAMI BEACH FL 33141 OLD BRIDGE NJ 08857					v.,	
MINIMI DEDVI		OLD DINGOL HIS GOOD!			DO NOT WRITE IN THIS SPACE	
					3. Date Incorporated or Qualified	٦
					02/28/1994	_
2. Principal Place of Business 21 Suite, Apt. #, etc.		2e. Mailing Address 26 Suite, Apt. #, etc.			4. FEI Number Applied For	4
					65-0473632 Not Applicable	븨
_		27			5. Certificate of Status Desired See Required Fee Required	İ
22 City & State		City & State				-
23		28			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees	1
Zip Country		Zip Country		ntry	8. This corporation owes or has paid the current year Intangible	٦
24	25	29	30		Personal Property Tax due June 30. Yes No	
	9. Name and Address of Current	t Registered Agent			10. Name and Address of New Registered Agent	コ
KC	OWALSKY, ESQ., DEBORAH S			B1 Name	DAVID M. BRUMAN ESQ.	
2501 HOLLYWOOD BLVD.				82 Street /	Address (P.O. Box Number is Not Acceptable)	-
	JITE 208		ļ	787	20 PETERS RD. STE E-103	_
HC	OLLYWOOD FL 33020			83	•	1
			ł	84 City	PLANTATION FL 85 Zip Code 33724	7
44 5	4.0-10-007.050	2 1 007 4500 Fly 13- 01-1		্ৰ	PLANTATION FL 33124	
office of	registered agent of both, in the State	of Florida. Such change was	ies, the at authorized	bove-named d by the corp	corporation submits this statement for the purpose of changing its registered poration's board of directors. I hereby accept the appointment as registered	١.
agent 2	in familiar with Indian ept the obliga	tions of Section 607.0505, Fi	orida Stat	utes.	0.0.0	
SIGNATURE	Signature, typed of printed name of registered agen	ONO the old and the state of the least the state of the s	F Ragisterec	1 Amont signature	e required when reinistating) DATE	
12.		OFFICERS AND DIRECTORS 1		J on 3	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	45
TITLE	D	DELETE 1.1		TLE	Change Addition	្យទ
NAME	SCHECHER, RICHARD J		1.2 NA	ME .	RICHARD J. SCHECHER	12
STREET ADDRESS	141 PERRINEVILLE ROAD		1.3 ST	REET ADDRESS	500 CRAIL RD.	ļš
CITY-ST-ZIP	JAMESBURG NJ			TY-ST-ZIP	MANALAPAN, NJ. 07726	_ §
TITLE	22		21 111	'LE	☐ Change ☐ Addition	۱۱۲
NAME			2.2 NA			
STREET ADDRESS			1	REET ADDRESS		
CITY-ST-ZIP		☐ DELETE		TY-ST-ZIP	☐ Change ☐ Addition	+
TITLE			3.1 TIT 3.2 NA		TOTALLE CLASSITUL	1
NAME STREET ADDRESS				REET ADDRESS		
CITY-ST-ZIP				TY-ST-ZIP		1
TITLE		DELETE	4.1 1(1		☐ Change ☐ Addition	\dashv
NAME			4. 2 N/	AME		1
STREET ADDRESS				REET ADDRESS		
CITY - ST - ZIP	4.40			IY-ST-ZIP		
THTLE		DELETE	5.1 TIT	'LE	☐ Change ☐ Addition	.]
NAME			5.2 NA	ME		
STREET ADDRESS			5.3 \$1	REET ADDRESS		
CITY-ST-ZIP			5.4 CI1	TY-ST-ZIP		_
TITLE			6.1 TIT	LE	☐ Change ☐ Addition	
NAME			6.2 NA	ME		
STREET ADDRESS				reet address		
CITY-ST-ZIP		(, page 50)		Y-ST-ZIP	1/2 O - W- 440 O7(OV) Florida On 1 - 1/2 O - 1	4
THE INCIDENCE	cerury that the information subblied wil	n mis niino ooes not ouality t	or the exe	motion state:	ed in Section 119.07(3)(i). Florida Statutes. I further certify that the information	- 1

•• Thereby certify that the information supplied with this filing does not quality for the exemption stated in Section 119.07(3)(i). Florida Statutes: Turther Certify that the information indicated on this 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.

SIGNATURE.

2-3-98

305-868-00112