

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

FILED
May 21 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P94000053505 (1)**

1. Corporation Name

RATE REDUCTION CENTER, INC.

Principal Place of Business

Mailing Address

**12360 66TH STREET N
STE T
LARGO FL 34643**

**POB 14954
CLEARWATER FL 34629**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 07/10/1994	
21 Suite, Apt. #, etc.		26 200 E. BROWARD BLVD.		4. FEI Number 59-3254409	Applied For Not Applicable
22 City & State		27 Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23 City & State		28 FT. LAUDERDALE FL		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24 Zip	25 Country	29 33301	30 BROWARD	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
ZERDEN, HERB 2944 HEATHER TRAIL CLEARWATER FL 34621				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

Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTVS	1.1 TITLE	PRESIDENT
NAME	ZERDEN, HERB	1.2 NAME	WESLEY O'BRIEN
STREET ADDRESS	2944 HEATHER TRAIL	1.3 STREET ADDRESS	200 E. BROWARD BLVD.
CITY-ST-ZIP	CLEARWATER FL 34621	1.4 CITY-ST-ZIP	FT. LAUDERDALE FL 33301
TITLE		2.1 TITLE	VICE PRESIDENT
NAME		2.2 NAME	RUDOLPH MCGILASHAN
STREET ADDRESS		2.3 STREET ADDRESS	200 E. BROWARD BLVD.
CITY-ST-ZIP		2.4 CITY-ST-ZIP	FT. LAUDERDALE FL 33301
TITLE		3.1 TITLE	SECRETARY
NAME		3.2 NAME	ANGELINA SPOTO
STREET ADDRESS		3.3 STREET ADDRESS	200 E. BROWARD BLVD.
CITY-ST-ZIP		3.4 CITY-ST-ZIP	FT. LAUDERDALE FL 33301
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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 changed, or on an attachment with an address.

SIGNATURE:

Angelina M Spoto

5/13/98

(954) 763-4000

CR2E034 (10/97)