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

OCCUMENT #

FILED Feb 04 1998 8:00am Secretary of State

1 '	RTI, INC.	* P940	000079743	3 (8)									
Principal	Place of Busines	s	Mailing Addre	Mailing Address				001 118 LD111 C	INDIA BBIRA BBIA	UBIH WANT FAL	HA IKIRI KANTI DID	88 1111 1 88 1	
4406 N. MELTON AVENUE				4406 N. MELTON AVENUE									
TAMPA FL 33614			TAMPA FL 33	TAMPA FL 33614			DO NOT WRITE IN THIS SPACE						
							3. Date In		d or Qualifie				
}							10/31	/1994					
2. Princi	oal Place of Busin	ness	2a. Mailing Ad	2a. Mailing Address				4. FEI Number Applied For					
21			26					3279065	<u></u> _		No	ot Applicable	
Sulte,	Apt. #, etc.		h	Suite, Apt. #, etc.				ate of Stat	us Desired	□ √		Additional equired	
City 8	State			City & State				n Campaio	n Financino	· · · · · · · · · · · · · · · · · · ·			
23			28	28			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees						
I ZIP		Country	Zip		Country		B, This co	rporation o	wes or has	paid the cu	irregt year Int	angible	
24		25	29	30					Tax due Ji			No	
ļ. <u> </u>	9. Name	and Address of Co	urrent Registered Ager	t			10. Name	and Addre	ss of New	Registered	Agent		
	AVERY, DONA		lameRol	and -	Thorr			ONL					
4450 N. ARMENIA AVENUE						treet Addres 나나도	ss (P.O. Box	Number is	Not Accer	table)	•		
TAMPA FL 33614						777	2 V'	Δ(weug	av	<u>5)</u>		
					83 84 C								
						Tam	05	F	_	Fi	_ 85 Zip	Code 614	
11, Purse	uant to the provis	ions of Sections 607	7.0502 and 607.1508, Flo State of Florida, Such ch obligati <mark>ons of, Section 6</mark> 0	rida Statutes, ti	he above-na	med corpo	ration submit	Is this state	ement for th			s registered	
ager	t. I am f a miliar wi	th, and accept the	obligations of Section 60	7.0505, Florida	Statutes.	; corporatio	ris Doard Oi	unectors.	i nereby ac	сершие ар	pointinent as	regisierda	
SIGNATE	IRE	11.11	ed agent and title if applicable.							-27	-9 8		
12.	Signature, typed		ed agent and tille if applicable. S AND DIRECTORS	(NOTE Reg	gistered Agent sig	gnature required	when reinstating				D DIRECTOR		
TITLE	PV	OTTIOLITE		DELETE	1.1 TITLE		ADDITIO	MOJOTAN	GES TO OF	TICENS AN	Change	Addition	
NAME .	1 ' '	DONALD			1.2 NAME								
STREET ADD		ARMENIA AVENU	Æ		1.3 STREET ADD	RESS							
CITY-ST-ZIF		FL 33614			1.4 CHY- S1 - ZII	р		_					
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NAMÉ		d, roland thoi			22 NAME								
STREET ADD	_	ARMENIA AVENU	JE		23 STREET ADD	RESS						į	
CITY-ST-ZIF	TAMPA	FL 33614			2. 4 CITY - ST - ZI	P							
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NAME					3.2 NAME								
STREET ADDI					3.3 STREET ADDI								
CITY-ST-ZIP			П		3.4 CITY-ST-21 4.1 THEE	P					Change	Addition	
NAME					4. 2 NAME						Ontange		
STREET ADDE	FSS				4.3 STREET ADDI	RESS							
CITY-ST-ZIP	l.				4.4 CITY-ST-ZIF								
TITLE					5.1 TITLE	- 					Change	Addition	
NAME					5.2 NAME						-		
STREET ADDR	ESS				5 3 STREET ADDI	RESS							
CITY-ST-ZIP					5.4 CITY - ST - 7IF	<u> </u>							
TITLE				DELFTE .	6.1 TITLE						Change	Addition	
NAME					6.2 NAME								
STREET ADDR	ESS				6.3 STREET ADDE	RESS						}	
CITY-ST-ZIP					6.4 CITY - ST - 71F	<u> </u>							

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.