

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Martin
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

JUN 11 1995 8:01

EXCELSIOR OF STATE
TAMPA, FLORIDA

DOCUMENT # P94000092715 (9)

1. Corporate Name

RESOURCE MANAGEMENT & DISPOSITION, INC.

Principal Place of Business		Mailing Address	
1511 N WEST SHORE BLVD SUITE 670 TAMPA FL 33607-4520		1511 N WEST SHORE BLVD SUITE 670 TAMPA FL 33607-4520	
2. Principal Place of Business		2a. Mailing Address	
21	26	2a. Mailing Address	
Suite Apt. # etc		Suite Apt. # etc	
22	27	City & State	
City & State		28	
23	29	Zip	Country
24	25	29	30
9. Name and Address of Current Registered Agent			
KENNER, CHARLES R 11905 MIDDLEBURY DR TAMPA FL 33626-2521			

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified	3a. Date of Last Report
12/23/1994	N.A.
4. Fee Number	Applied For
59-3248115	Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required
<input checked="" type="checkbox"/> \$5.00 May Be Added to Fees	
6. Tax Non-Campaign Financing Reporting Contractor	
7. This corporation has liability for intangible tax under § 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
10. Name and Address of New Registered Agent	

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 the 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

RECORDED AND INDEXED IN THE OFFICE OF THE SECRETARY OF STATE

RECORDED AND INDEXED IN THE OFFICE OF THE SECRETARY OF STATE

DATE

12.	OFFICERS AND DIRECTORS	13.	Address	Change	Addition
Officer	D KENNER, CHARLES R 11905 MIDDLEBURY DR TAMPA FL 33626-2521	1. NAME 2. NAME 3. STREET ADDRESS 4. CITY ST ZIP		<input type="checkbox"/>	<input type="checkbox"/>
Officer	D GARCIA, ENRIQUE 4631 LONGFELLOW TAMPA FL 33629	1. NAME 2. NAME 3. STREET ADDRESS 4. CITY ST ZIP		<input type="checkbox"/>	<input type="checkbox"/>
Officer		1. NAME 2. NAME 3. STREET ADDRESS 4. CITY ST ZIP		<input type="checkbox"/>	<input type="checkbox"/>
Officer		1. NAME 2. NAME 3. STREET ADDRESS 4. CITY ST ZIP		<input type="checkbox"/>	<input type="checkbox"/>
Officer		1. NAME 2. NAME 3. STREET ADDRESS 4. CITY ST ZIP		<input type="checkbox"/>	<input type="checkbox"/>
Officer		1. NAME 2. NAME 3. STREET ADDRESS 4. CITY ST ZIP		<input type="checkbox"/>	<input type="checkbox"/>

12. I declare under penalty of perjury that the information supplied with this filing is voluntarily furnished and does not qualify for the exemptions stated in Sections 1190.07(3)(b), 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 if made under oath. That I am an officer or director of the corporation or the person or trustee empowered to execute this report as required by Chapter 199, Florida Statutes, and that my name appears in Block 12 or Block 13 if I signed it in conjunction with an address.

SIGNATURE: *C.R.Kenner* **5-8-95 (619) 286-8881**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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OPERATIONS

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1995

THE GOVERNMENT OF STATE
OF KARNAKATA
GOVERNMENT OF KARNATAKA
THE GOVERNOR

DOCUMENT # P94000093276 (1)

10. *Leucosia* *leucostoma* *leucostoma* *leucostoma* *leucostoma* *leucostoma*

DIETER INVESTMENTS, INC.

**THE VENICE GAZETTE
VENICE, FLORIDA**

$\log \alpha = \log \beta^2 \alpha_0 = -\log \rho_0 + \log \beta$

**650 WARREN LANE
KEY BISCAYNE FL 33149**

690 WARREN LANE
KEY BISCAYNE FL 33149

PRINTED WHILE IN THIS SPACE

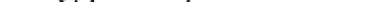
2. Principal Place of Business 21		28. Mailing Address 26		3. Date Incorporated or Qualified 12/23/1994	3a. Date of Last Report
State, Apt. # etc. 22		State, Apt. # etc. 27		4. EIN Number 65-0566943	Applied for Not Applicable
City, & State 23		City, & State 28		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
Zip 24	Country 25	Zip 29	Country 30	6. Business Campaign Finance Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
9. Name and Address of Current Registered Agent OTERO & MULLIN, P.A. 75 VALENCIA AVE. SUITE 400 CORAL GABLES FL 33134				10. Name and Address of New Registered Agent	
				B1	Name
				B2	Street Address (P.O. Box Number Is Not Acceptable)
				B3	
				B4	City
				B5	Zip Code

11. Pursuant to the provisions of Sections 601.0502 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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
NAME STREET ADDRESS CITY, ST, ZIP	D MIGUEL, ALBERTO S- SAN MIGUEL, ALBERTO 690 WARREN LANE KEY BISCAYNE FL 33149	1/1 TITLE 1/2 NAME 1/3 STREET ADDRESS 1/4 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME STREET ADDRESS CITY, ST, ZIP		2/1 TITLE 2/2 NAME 2/3 STREET ADDRESS 2/4 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME STREET ADDRESS CITY, ST, ZIP		3/1 TITLE 3/2 NAME 3/3 STREET ADDRESS 3/4 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME STREET ADDRESS CITY, ST, ZIP		4/1 TITLE 4/2 NAME 4/3 STREET ADDRESS 4/4 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME STREET ADDRESS CITY, ST, ZIP		5/1 TITLE 5/2 NAME 5/3 STREET ADDRESS 5/4 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME STREET ADDRESS CITY, ST, ZIP		6/1 TITLE 6/2 NAME 6/3 STREET ADDRESS 6/4 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I declare under penalty of perjury that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 10107(e)(6), Florida Statutes. I further certify that the information indicated on the 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 the officer or director of the corporation or the trustee or trustee-imperial to make the report as required by Chapter 1007, Florida Statutes, and that my name appears in Block 12 or Block 13 unchanged except an attachment with A address.

SIGNATURE: 
PRINTED AND TYPED OR PRINTED NAME OF DINO J. O'BRIEN OR DIRECTOR

02/08/95. 305-361-6821