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

PROFIT **CORPORATION** ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996

P95000021124 (9)

DOCUMENT #

1. Corporation Name

RDZ, INC.

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Principal Place o	of Business	M	ailing Address								
2725 HANSEN FORT MYERS		-	2725 Hansen St. Fort Myers FL 33901								
								3. Date Incorporated or Qualified 03/15/1995	3a. Date	of Last	: Report
2. Principal Plac	ce of Business	2a.	. Mailing Address					4. FEI Number			Applied For
H		26						65-0569984			Not Applicable
Suite, Apt. #,	, etc.		Suite, Apt. #, etc.					5. Certificate of Status Desired			75 Additional
22		27									e Required
City & State		-	City & State					6. Election Campaign Financing Trust Fund Contribution			.00 May Be ded to Fees
23 Zip	Country	28	Zip	Cou	ntrv			This corporation has liability for	intangible tax		
2	25	29	2.47	30	,				s □No	-	,
	9. Name and Address of Curre		stered Agent					10. Name and Address of New I	Registered A	gent	
					B1	Na	nie				
	r, douglas						eet Addre	ess (P.O. Box Number is Not Acceptal	ole)		
	nsen st.					ļ					
FT. MYEF	RS FL 33901				83						
					84	Ci	У		FŁ	85	Zıp Code
	#	0 1 60	27 1E00 Florida Statut	ac the she	10.5	130	d comor	ation submits this statement for the pu		L_L Lagina i	ts registered office
or registere	of the provisions of sections 607.030 and agent, or both, in the State of Flo and accept the obligations of, Sec	nda. Sud	h change was authoriz	ed by the c	orp	orati	on's boar	o of directors. I hereby accept the app	iointment as i	registe	red agent. I anv
SIGNATURE.	Stgnature: typed or perifed harver of registere flage	drandists.ir	apperable (fr)	i.E. Rogistared	- برد	i Sign	Store regulest	where remarkaning			
12.	OFFICERS A			13.				ADDITIONS/CHANGES TO OF			
TITLE	D		☐ DELETE	1 1 1	ITLE		ŀ] Chan	ge
NAME	ZIPPERER, R. DOUGLAS			12 N	4ME						
STREET ADDRESS	2725 HANSEN ST. FT. MYERS FL 33901			13\$	HEET	I ADOI	ESS				
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STREET ADDRESS						00A 1					
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TITLE			Dutter	62 N					L	_ 55.	3- 100.000
NAME						I ADG	RESS				
STREET ADDRESS						\$E-ZI	1				
CITY-ST-ZIP	v certify that the information supplies	d with thi	is filing is vojuntarily furi	nished and	doc	es no	ot qualify for	or the exemption stated in Section 11:	9.07(3)(k), Flo	rida St	atutes I further

ruor releasy certify that the information supplied with this hing is vountarily former and does not quality for the exemption stated in section 119.076pix, Florida Statutes 10ther 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 10 if changed, or on an attachment with an address.

SIGNATURE: THEO OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4.26.96 741 332 1857