

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

FILED
Mar 14 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P95000036385 (9) 1. Corporation Name RDJ INDUSTRIES, INC.			
Principal Place of Business 2185 JAMES DR ST CLOUD FL 34771		Mailing Address 2185 JAMES DR ST CLOUD FL 34771-8830	
2. Principal Place of Business 21 2185 James Dr. Suite, Apt. #, etc. 22 St. Cloud FL City & State 23 Zip 24 34771 Country 25 U.S.A.		2a. Mailing Address 26 Same Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30	
9. Name and Address of Current Registered Agent DIAZ DE ARCE, DAVID R 2185 JAMES DR ST CLOUD FL 34771		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 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 <i>N/A</i> Signature, typed or printed name of registered agent and filer if applicable (NOTE: Registered Agent signature required when reinstating) DATE			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	
NAME	DIAZ DE ARCE, DAVID R	1.2 NAME	
STREET ADDRESS	2185 JAMES DR	1.3 STREET ADDRESS	
CITY-ST-ZIP	ST CLOUD FL 34771	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	
NAME	DIAZ DE ARCE, JUNE A	2.2 NAME	
STREET ADDRESS	2185 JAMES DR	2.3 STREET ADDRESS	
CITY-ST-ZIP	ST CLOUD FL 34771	2.4 CITY-ST-ZIP	
TITLE	DV	3.1 TITLE	
NAME	BRUNS, ALLAN	3.2 NAME	
STREET ADDRESS	17801 BONNIE VISTA CT	3.3 STREET ADDRESS	
CITY-ST-ZIP	WINTER GARDENS FL	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	
NAME	BRUNS, KAREN	4.2 NAME	
STREET ADDRESS	17801 BONNIE VISTA CT	4.3 STREET ADDRESS	
CITY-ST-ZIP	WINTER GARDEN FL	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	
NAME	SPAULDING, KEN C	5.2 NAME	
STREET ADDRESS	1600 MICHIGAN AVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	ST CLOUD FL	5.4 CITY-ST-ZIP	
TITLE	DP	6.1 TITLE	
NAME	DIAZ DE ARCE, DAVID R	6.2 NAME	
STREET ADDRESS	2185 JAMES DR	6.3 STREET ADDRESS	
CITY-ST-ZIP	ST CLOUD FL	6.4 CITY-ST-ZIP	
14. I do 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: <i>[Signature]</i>			



CR2E034 (9/96)