

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # P95000041008 (0)

1. Corporation Name

RTD INDUSTRIES, INC.



Principal Place of Business

8300 SUNRISE BLVD  
PLANTATION FL 33322

Mailing Address

8300 SUNRISE BLVD  
PLANTATION FL 33322

90 IRVING TURETSKY  
290-174 ST APT 2309  
MIAMI BEACH, FL 33160

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

40 GERALD NESS, C.P.A.  
420 UNCLIN ROAD

27

Suite, Apt. #, etc.

28

City & State

29

Zip

Country

30

FL 33139

DADG

3. Date Incorporated or Qualified

05/24/1995

3a. Date of Last Report

4. FEI Number

59-3329886

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

WEINER, PETER N  
2601 S BAYSHORE DR  
#1600  
MIAMI FL 33133

10. Name and Address of New Registered Agent

81 Name

IRVING TURETSKY

82 Street Address (P.O. Box Number is Not Acceptable)

290 174 STREET #2309 Bldg. 700

83

84

City MIAMI BEACH

FL

85 Zip Code

33160

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 the corporation

(NOTE: Registered Agent Signature required when registering)

DATE

4-26-96

12. OFFICERS AND DIRECTORS

TITLE PSTD  
NAME TURETSKY, IRVING  
STREET ADDRESS 8300 SUNRISE BLVD  
CITY-ST-ZIP PLANTATION FL 33322 ☒ DELETE

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE PSTD ☒ Change ☐ Addition  
2. NAME Turetsky, Irving  
3. STREET ADDRESS 290 174 Street #2309 Bldg #700  
4. CITY-ST-ZIP MIAMI BEACH, FL 33160

2. TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS

2.4 CITY-ST-ZIP ☐ Change ☐ Addition  
3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS

3.4 CITY-ST-ZIP ☐ Change ☐ Addition  
4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS

4.4 CITY-ST-ZIP ☐ Change ☐ Addition  
5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS

5.4 CITY-ST-ZIP ☐ Change ☐ Addition  
6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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, changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-26-96

305931-5340

Date

Daytime Phone #

CR2E034 (12/95)