

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

FILED

Mar 10 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P95000041963 (6)**

1. Corporation Name
R.L. & D. ASSOCIATES, INC.

Principal Place of Business

**4823 FOUNTAINS DRIVE
LAKE WORTH FL 33467**

Mailing Address

**4823 FOUNTAINS DRIVE
LAKE WORTH FL 33467**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 9671 PINE TRAIL CT	26 9671 PINE TRAIL CT.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
Country	Country
24	29

3. Date Incorporated or Qualified 05/24/1995	
4. FEI Number 65-0588018	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
LEHNHARDT, ROBERT R 4823 FOUNTAINS DRIVE LAKE WORTH FL 33467	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 9671 PINE TRAIL CT 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 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 _____ (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	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEHNHARDT, ROBERT R JR.	1.2 NAME	
STREET ADDRESS	4823 FOUNTAINS DRIVE	1.3 STREET ADDRESS	9671 PINE TRAIL CT
CITY-ST-ZIP	LAKE WORTH FL 33467	1.4 CITY-ST-ZIP	
TITLE	VPT	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEHNHARDT	2.2 NAME	ROBERT LEHNHARDT
STREET ADDRESS	4823 FOUNTAINS DRIVE	2.3 STREET ADDRESS	9671 PINE TRAIL CT.
CITY-ST-ZIP	LAKE WORTH FL	2.4 CITY-ST-ZIP	LAKE WORTH 33467
TITLE	S	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLIAMS, DOROTHY	3.2 NAME	
STREET ADDRESS	4823 FOUNTAINS DRIVE	3.3 STREET ADDRESS	9671 PINE TRAIL CT
CITY-ST-ZIP	LAKE WORTH FL	3.4 CITY-ST-ZIP	33467
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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.

SIGNATURE: **ROBERT LEHNHARDT** 3/4/98 561-641-4456

CP2E034 (10/97)