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

PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

**FILED** 

Apr 11 1997 8:00am

Secretary of State

Secretary of State
DIVISION OF CORPORATIONS

## 1997 DOCUMENT # P95000050182 (1)

Principal Place	RS INVESTMENT GROU	Mailing Address					
104 PERRY AVE. AUBURNDALE FL 33823  104 PERRY AVE. AUBURNDALE FL 33823-23			25				
		_			3. Date Incorporated or Qualified 06/23/1995	3a. Date of Last R 05/01/1996	eport
	ace of Business	2a. Mailing Address			4. FEI Number		oplied For
Stute: Apt. #, etc.		···-	Suite, Apt. #, etc.		59-3330076	60.75	ot Applicable Additional
22		27	<u>├</u> ──		5. Certificate of Status Desired	¥	equired
City & State		City & State	<del></del>		6. Election Campaign Financing	<b>\$5.00</b>	
23 Zip	Country	28   Zip	Country		Trust Fund Contribution	Added	
24	25	29	30		8. This corporation has liability for in	rntangibie tax under s ☑ Yes ☐ No	. 199,032,
	9. Name and Address of C		1501		10. Name and Address of New Re		
KLINI	E, PATRICK K		B1	Name			
	EAST MAIN ST.		82	Street Add	ress (P.O. Box Number is Not Accepteb	ile)	
LAKE	LAND FL		83		· · · · · · · · · · · · · · · · · · ·	<del></del>	
			03				
			84	City		FL 85 Zip	Code
11. Pursuant I	to the provisions of Sections 60	7.0502 and 607.1508, Florida Statut	tes, the above	named corp	poration submits this statement for the p		ts registered
office or re agent. Fai	egistered agent, or both, in the m familiar with, and accept the	State of Florida, Such change was obligations of Section 607,0505, Fl	authorized by orida Statutes	the corporal	poration submits this statement for the p tion's board of directors. I hereby accep	ot the appointment as	registered
SIGNATURE				'			
	Signature, typed or prince name of registe			nt signature requi	red when re-installing)	DATE	
12.	OFFICER D	IS AND DIRECTORS  DELETE	13.	<del></del> 1	ADDITIONS/CHANGES TO OFFIC	CERS AND DIRECTOR  Change	Addition
Title NAME	KLINE, PATRICK K		1.1 TITLE 1.2 NAME	1		Change	L. AUGILION
STREET ADDRESS	104 PERRY AVE.		1.2 NAME 1.3 STREET ADDRESS				
CHY-ST-ZIP	AUBURNDALE FL 33823		1.4 CHTY-ST	ì			
TITLE	D	☐ DELETE	2.1 TITLE			☐ Change	Addition
NAME	KLINE, JACQUELINE M		2.2 NAME				
STREET ADDRESS	104 PERRY AVE.		2.3 STREET ADDRESS			• •	
City St-7/6	AUBURNDALE FL 33823		2.4 CITY-ST-ZIP		· · · · · · · · · · · · · · · · · · ·		
THE		L.J DELETE	DELETE 31 TITLE			Change	Addition
NAME			3.2 NAME				
STHEET ADDRESS			3.3 STREET	ſ			
CHY-S1-ZIP THLE		DELETE	3.4. CITY - ST - ZIP 4.1 TITLE			☐ Change	☐ Addition
NAMÉ	J. Orden		4. 2 NAME				
STREET ADDRESS			4.3 STREET	ADDRESS			
CITY-ST ZIF			4.4 CITY-S1	- ZIP			
HILE		☐ DELETE	5.1 TITLE			Change	Addition
NAME			5.2 NAME				
STREET ADDRESS			53 STREET	ADDRESS			
CITY - ST - ZIP	I Driver		5.4 CiTY-ST	-ZIP		Char	(Addition
Title	☐ DELETE		6.1 TITLE			☐ Change	Addition
NAME enough answers			6.2 NAME 6.3 STREET	ADDDESS			
STREET ADDRESS CITY+ST+ZIP			6.4 CITY-ST	· ·			
14 Ldo beret	by certify that the information su	applied with this filing does not qual	fy for the ever	notion stated	d in Section 119.07(3)(i), Florida Statute	s. I further certify that	the
informatio Lam an of	ri indicated on this annual repo flicer or director of the corporat	rt or supplemental annual report is:	true and accu vered to execu	rate and that	t my signature shall have the same lega rt as required by Chapter 607, Florida S	il effect as if made un statutes; and that my r	der oath; that