RND.

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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # P95000067410 (7)

1. Corporation Name
RND AT ST. AUGUSTINE, INC.

REVISION

Principal Place of Business	Mailing Address
101 WYMORE ROAD SUITE 500 ALTAMONTE SPRINGS, FL 32714	101 WYMORE ROAD SUITE 500 ALTAMONTE SPRINGS, FL 32714

3. Date Incorporated or Qualified: 08/31/1995
3a. Date of Last Report: 01/08/97

2. Principal Place of Business	2a. Mailing Address
21 1101 N. LAKE DESTINY DR	26 1101 N. LAKE DESTINY DR
Suite, Apt. #, etc. 22 SUITE 400	Suite, Apt. #, etc. 27 SUITE 400
City & State 23 MAITLAND FL	City & State 28 MAITLAND FL
Zip / Country 24 32751 / 25 ORANGE	Zip / Country 29 32751 / 30 ORANGE

4. FEI Number: 59-3375535 ☐ 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	10. Name and Address of New Registered Agent
MAJZOUB, SAM 101 WYMORE ROAD SUITE 500 ALTAMONTE SPRINGS, FL 32714	81 Name: DELGUIDICE, FRED 82 Street Address (P.O. Box Number is Not Acceptable): 1101 N. LAKE DESTINY DR 83 SUITE 400 84 City: MAITLAND FL 85 Zip Code: 32751

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: Fred DelGuidice — FRED DelGUIDICE — 6-13-97
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when reinstating) — DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D/P MAJZOUB, SAM 101 WYMORE ROAD SUITE 500 ALTAMONTE SPRINGS, FL 32714	☒ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DELGUIDICE, FRED 101 WYMORE RD SUITE 500 ALTAMONTE SPRINGS, FL 32714	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	D/P DELGUIDICE, FRED 1101 N. LAKE DESTINY DR SUITE 400 MAITLAND, FL 32751 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition 000002226690 -06/30/97--01120--013 ***52.50
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition 700002226687 -06/30/97--01120--012 ***8.75

6/30

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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: Fred DelGuidice — 6-13-97 — 407-660-8666
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #