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

PROFIT **CORPORATION ÄNNUAL REPORT**

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000080435 (7)

MIS ENIENTHISES INC.			
Principal Place of Business	Mailing Address		
2820 SOUTH DUNDEE STREET TAMPA FL 33629	2620 SOUTH TUNDEE STREET LAMPA FL 33628		

FILED May 11 1998 8:00am Secretary of State

RTS ENTERPRISES INC.				<u> </u>
Principal Place of Business	Mailing Address			.II DB4(1 T)D88 (1981 8/4) (891
2820 SOLUTH DUNDEE STREET	2620 SOUTH DUNDEE STRE IAMPA FL 33628	ÉT		
	Zimini (gazita		DO NOT WRITE IN THIS	SPACE
			3. Date Incorporated or Qualified	
A District District District	La Maria Address		10/16/1995	1
2. Principal Place of Business 21 15-15-3 Kitte // DI	2a. Mailing Address	rosell Dr	4. FEI Number	Applied For
21 (5/33 KiTTTE (D)	26 / 57/57 / 4. Suite, Apt. #, etc.	Tire!! DI	58-2194043	Not Applicable \$8.75 Additional
22	27		5 . Certificate of Status Desired	Fee Required
City & State // //	City & State,	. , , , , , , , , , , , , , , , , , , ,	6. Election Campaign Financing	\$5.00 May Be
23 String Hill, 81	28 SPring 1	411 81	Trust Fund Contribution	Added to Fees
Zip Country	Zip	Country	8. This corporation owes or has paid the cu	irrent year Intangible
24 346/0 25	29 34610 3	0	1 -:	Yes No
g, Name and Address of Cur	rrent Registered Agent	81 Name A	Name and Address of New Registered	Agent
2620 SOUTH DUNDEE STREET TAMPA FL 33829	Russell Innes D	83 Sireet Addit	ress (P.O. Box Number is Not Acceptable) 53 Sittle	85 Zip Code 5 7 6 7 6
 Pursuant to the provisions of Sections 607.0 office or registered agent, or both, in the SI agent. I am familiar with, and accept the of 	0502 and 607.1508, Florida Statules late of Florida, Such change was au oligations of, Section 607.0505, Flori	the above-named corporate	poration subfinits this statement for the purpose of tion's board of directors. I hereby accept the ap	of changing its registered pointment as registered
Signature typed or printed hards of registered	ACT.	Registered Apont signature Legui	red when reinstating) DATE	
	AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AN	D DIRECTORS IN 12
TITLE PTD	DELETE	1.1 TITLE	7,0011,010,010,010,010	☐ Change ☐ Addition
NAME RUSSELL, JAMES D		1.2 NAME		
STREET ADDRESS 2020 SOUTH DUNDEE STE	REET	1.3 STREET ADDRESS		
DITY-ST-ZIP TAMPA FL 33629		1.4 CITY - ST - ZIP		
TITLE 15-16-7 1/ +	rell DF DELETE 11, Fl 34610	2.1 1(TLE		☐ Change ☐ Addition
NAME 15/33 RUTT	1611 01	2.2 NAME		
STREET ADDRESS SPring Hi	11, Fl 39610	2.3 STREET ADDRESS		
CITY-ST-ZIP		2. 4 CITY-ST-ZIP	,	
TITLE	DELETE	3 1 TITLE		☐ Change ☐ Addition
NAME		3.2 NAME		,
STREET ADDRESS		3.3 STHEET ADDRESS		
CITY-ST-ZIP		3.4. C(TY - \$1 - Z(P		
TITLE	DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME		4. 2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CHY-ST-ZIP		
TITLE	☐ DELET E	5.1 TITLE		Change Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		l
CITY-ST-ZIP		5.4 CITY - \$1 - 7IP		
TITLE	DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		ļ
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 atlactment with address.

4-19 90