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PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000085217 (4)

R.L.R. ENTERPRISES, INC.

Principal Place of Business 6700 SILVER STAR RD. SUITE 102 ORLANDO FL 32818

Mailing Address

6700 SILVER STAR RD. SUITE 102 ORLANDO FL 32818

FILED Jan 23 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 11/02/1995 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 21 26 59-3341265 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Country 8. This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 RUSS, JUDSON W. 6001 OAKBEND STREET Street Address (P.O. Box Number is Not Acceptable) #8303 83 ORLANDO FL 32809 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. 0 SIGNATURE 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. ☐ DELETE TITLE 1.1 TITLE Change KILGORE, DARLEENE R NAME 1.2 NAME 5394 HWY 98 STREET ADDRESS 1.3 STREET ADDRESS DESTIN FL 32541 CITY-ST-ZIP 1.4 CITY - ST - ZIP TITLE ☐ DELETE 2.1 TITLE Change Addition RUSS, JUDSON W. NAME 2,2 NAME STREET ADDRESS 6001 OAKBEND STREET #8303 2.3 STREET ADDRESS CITY - ST - ZIP ORLANDO FL 32809 2. 4 CITY-ST-ZIP ☐ DELETE TITLE __ Addition Change 3 1 TITLE LEVI, JAMES S NAME 3.2 NAME STREET ADDRESS 344 LAMPLIGHTER LN 3.3 STREET ADDRESS MARIETTA GA 33067 CITY - ST - ZIP 3.4. CITY-ST-ZIP DELETE TITLE Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change 5.1 TITLE Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY - ST - ZIP 5.4 CITY-ST-ZIP DELETE TITLE 6.1 TITLE Change Addition NAME 6.2 NAME STREET ADDRESS **6.3 STREET ADDRESS**

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 is if changed, or on an attachment with an address.

SIGNATURE

Walson Luss

CR2E034