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

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

FILED May 06, 1999 8:00 am Secretary of State

05-06-1999 90271 011 ***150.00

DOCUMENT #95000087016 1. Corporation Name

THE RDM REAL ESTATE, INC.

Principal Place of Business

Mailing Address

SAND LAKE RD 3000 SAND LAKE RD LONGWOOD FL 32779

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DO NOT WRITE IN THIS SPACE

				a. Data to corrected or Ougliford	
				3. Date Incorporated or Qualifed	
				11/13/1995	The state of the s
2. Principal Place of Business	2a. Mailing Address			4, FEI Number	Applied For
21 2733 E. Semoran Blvd.	26 P. O. Box 9164	<u>466</u>		59-3378578	Not Applicat
Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired	\$8.75 Additional
	27				Fee Required
City & State	City & State			6. Election Campaign Financing	\$5.00 May Be
23 Anopka, FL	28 Longwood, FL			Trust Fund Contribution	Added to Fees
Zip Country	Zip	Country	,	8. This corporation owes the current year	
24 32703 25 USA	29 32791	OUSA		Personal Property Tax.	XXYes □No
9. Name and Address of Current				10. Name and Address of New Registe	red Agent
		81	Name Ge	eorge Hodges, EA	
GASDICK, MICHAEL J .		82			
255 S ORANGE AVE		02	2	dress (P.O. Box Number is Not Acceptable) 50 S. CR 427, Suite II6	
SUITE 1466		83		· · · · · · · · · · · · · · · · · · ·	
ORLANDO FL 32801					
		84	City	on award	FL 85 32750 Code
	2 1 2 2 1 2 2 1 2 2 1 2 2 1 2 2 1 2	45 5			
11. Pursuant to the provisions of Sections 607.050; office or registered agent, or both, in the State agent. I am familial with, and accept the obligate	2 and 607.1508, Florida Statutes of Florida. Such change was auth	, tne abov norized by	the corpora	ation's board of directors. I hereby accept the a	ppointment as registered
agent. I am familial with, and accept the obligat	isns of, Section 607.0505, Florid	a Statutes	j. '		
SIGNATURE	HOLL EA	George	e Hodge	es, EA 4/8/5	9
Signature, typed or printed raine of registered agen		•	nt signature requ	uired when reinstating) DATI	<u>:</u>
121	D DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS	
TITLE PD	☐ DELETE	1.1 TITLE			
NAME ESFAHANI, RAY		1.2 NAME		0700 7 0 71 1	
STREET ADDR 3800 SAND LAKE RD		1.3 STRÉE	TADDRESS	2733 E. Semoran Blvd.	
CITY-ST-ZIP LONGWOOD FL 32779		1.4 CITY-S	T-ZIP	Apopka, FL 32703	
TITLE	☐ DELETE	2.1 TITLE			Change Addi
NAME		2.2 NAME			
STREET ADDRESS		23 STREE	TADDRESS		
\		2. 4 CITY-			
CITY-ST-ZIP	☐ DELETE	3.1 TITLE	J1-211	-	Change Addi
			ł		
NAME		3.2 NAME			
STREET ADDRESS			TADDRESS		
CITY-ST-ZiP	E per ere	3.4. CITY-1	ST-ZIP		☐ Change ☐ Addi
TITLE	☐ DELETE	4.1 TITLE			□ Change □ Addi
NAME		4. 2 NAME			
STREET ADDRESS		4.3 STREE	TADDRESS		
CITY-ST-ZIP		4.4 CITY-5	T- ZIP		
TITLE	☐ DELETE	5.1 TITLE			Change Addi
NAME .		5.2 NAME			
STREET ADDRESS		5.3 STREE	T ADDRESS		
CITY-ST-ZIP		5.4 CITY- S	ST-ZiP		
TITLE	☐ DELETE	6.1 TITLE			Change Addi
	-	6.2 NAME			
NAME			TADDRESS		
STREET ADDRESS					
CITY-ST-ZIP		6.4 CITY-5	s1-ZIP		

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, with all other like empowered.

SIGNATURE: