


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

FILED

Jan 26 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P96000003641 (3)**  
1. Corporation Name  
**RSR SALES, INC.**



Principal Place of Business <b>2706 LAUREL DR. VERO BEACH FL 32960</b>	Mailing Address <b>2706 LAUREL DR. VERO BEACH FL 32960</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>21 7600 Immokalee Rd.</b>		2a. Mailing Address <b>25 7600 Immokalee Rd.</b>		3. Date Incorporated or Qualified <b>01/11/1996</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number <b>65-0687909</b>	
22 City & State <b>23 Ft. Pierce, FL</b>		27 City & State <b>28 Ft. Pierce, FL</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
24 Zip <b>34951</b>		29 Country <b>St. Lucie</b>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
25 Country <b>St. Lucie</b>		30 Zip <b>34951</b>		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>ROGERS, R. SCOTT 2706 LAUREL DR. VERO BEACH FL 32960</b>		10. Name and Address of New Registered Agent <b>81 Name Rogers, R. Scott 82 Street Address (P.O. Box Number is Not Acceptable) 7600 Immokalee Rd. 83 84 City Ft. Pierce FL 85 Zip Code 34951</b>	
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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 *R. Scott Rogers* DATE **1-12-98**  
Signature, typed or printed name of registered agent and their if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PVST ROGERS, R. SCOTT 2706 LAUREL DR. VERO BEACH FL 32960</b> <input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<b>PVST Rogers, R. Scott 7600 Immokalee Rd. Ft. Pierce, FL 34951</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D ROGERS, R. SCOTT 2706 LAUREL DR. VERO BEACH FL 32960</b> <input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<b>D Rogers, R. Scott 7600 Immokalee Rd. Ft. Pierce, FL 34951</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D ROGERS, CHARLOTTE L 2706 LAUREL DR. VERO BEACH FL 32960</b> <input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<b>D Rogers, Charlotte L. 7600 Immokalee Rd. Ft. Pierce, FL 34951</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.

SIGNATURE: *R. Scott Rogers* DATE **1-12-98**

CR2E034 (10/97)