

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

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May 12 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P96000006396 (1)**

1. Corporation Name

**R.D.F. ENTERPRISES, INC.**

Principal Place of Business

**16206 FANTASIA DRIVE  
TAMPA FL 33624**

Mailing Address

**16206 FANTASIA DRIVE  
TAMPA FL 33624-1130**

3. Date Incorporated or Qualified

**01/17/1996**

3a. Date of Last Report

2. Principal Place of Business

**21 5831 Memorial Hwy**

2a. Mailing Address

**26 5831 Memorial Hwy**

4. FEI Number

**59 3357762**

Applied For

☐ Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

City & State

**23 Tampa FL**

City & State

**28 Tampa FL**

6. Election Campaign Financing

Trust Fund Contribution ☐

**\$5.00 May Be**

**Added to Fees**

Zip Country

**24 33615**

Zip Country

**29 33615**

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

**RUGGERI, FRANK  
16206 FANTASIA DRIVE  
TAMPA FL 33624**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

**5831 MEMORIAL HWY**

83

84 City **TAMPA**

**FL**

85 Zip Code **33615**

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

Signature: Type or printed name of registered agent and title if applicable

(NOTE: Registered Agent Signature required when reinstalling)

DATE

12. OFFICERS AND DIRECTORS ☐ DELETE

TITLE **D**  
NAME **RUGGERI, FRANK**  
STREET ADDRESS **16206 FANTASIA DRIVE**  
CITY-ST-ZIP **TAMPA FL 33624**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

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STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ☒ Change ☐ Addition

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

**5831 MEMORIAL HWY  
TAMPA FL 33615**

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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:

**FRANK RUGGERI**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E034 (9/96)