SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION **ANNUAL REPORT**



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

P96000011627 (2)

1998

	RD SUBS, INC.					
Principal Plac	e of Business	Mailing Address		* - series in felle sittle selle selle selle		
200 SOUTHEAST 13TH STREET 200 SOUTHEAST 13TH ST FORT LAUDERDALE FL 33316 FORT LAUDERDALE FL 33						
			316	DO NOT WRITE IN THIS SPACE		
				3. Date Incorporated or Qualified		
				02/06/1996		
2. Principal Place of Business		2a. Malling Address		4. FEI Number	Applied For	
Suite Ant # eta		26 Suite Ant di ote		65-0688170	Not Applicable	
Suite, Apt. #, etc. Suit 22 27		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & Stat	le	City & State		6. Election Campaign Financing	\$5.00 May Be	
23		28		Trust Fund Contribution	Added to Fees	
Zip	Country	Zip	Country	8. This corporation owes or has paid the		
24	25	29	30	Personal Property Tax due June 30.	Yes No	
	9. Name and Address of Curr	ent Registered Agent		10. Name and Address of New Register	red Agent	
	MLING, FRANK R		81 Name			
	SOUTHEAST 13TH STREET		82 Street Addre	Address (P.O. Box Number is Not Acceptable)		
FOR	T LAUDERDALE FL 33316					
			83			
			84 City		85 Zip Code	
			[04] 0,	F	FL 63 210 0000	
11. Pursuan office or agent. I	am familiar with, and accept the obl	502 and 607.1508, Florida Statute te of Florida. Such change was a igations of, section 607.0505, Flo	es, the above-named corpor authorized by the corporation orida Statutes.	ation submits this statement for the purpose on's board of directors. I hereby accept the ap	if changing its registered pointment as registered	
SIGNATORE	Signature, typed or printed name of registered a	gent and title if applicable (NC	OTE: Registered Agent signature requ	ired when reinstating) DAT	E	
12.	OFFICERS A	AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12	
TITLE	P	DELETE	1,1 TITLE		Change Addition	
NAME	MACKLE, DOUGLAS F	~~	1.2 NAME			
STREET ADDRESS	200 SOUTHEAST 13TH STRE	t1	1.3 STREET ADDRESS			
CITY-\$1-ZIP	FORT LAUDERDALE FL		1.4 CITY-ST-ZIP			
TITLE		OELETE	2.1 TITLE		L Change Addition	
NAME			2.2 NAME			
STREET ADDRESS			2.3 STREET ADDRESS			
CITY-ST-ZIP			2.4 CITY-ST-ZIP			
TITLE		L DELETE	3.1 TITLE		Change Addition	
NAME .			3.2 NAME			
STREET ADDRESS			3.3 STREET ADDRESS			
CITY-ST-ZIP	· · · · · · · · · · · · · · · · · · ·		3.4 CITY-ST-ZIP		<u> </u>	
TITLE		DELETE	4,1 TITLE		Change Addition	
NAME			4.2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS			
CITY-ST-ZIP			4.4 CITY-ST-ZIP			
TITLE		DELETE	5.1 TITLE		Change Addition	
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET ADDRESS			
CITY-ST-ZIP			5.4 CITY-ST-ZIP			
TITLE		DELETE	6.1 TITLE		Change Addition	
NAME			6.2 NAME			
STREET ADDRESS	1		6.3 STREET ADDRESS			

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), Fiorida 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 change I, or on an attachment with an address.

CiTY-ST-ZIP

FILED

Aug 19 1998 8:00am

Secretary of State