

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P96000014553 (7)

1. Corporation Name

R.S. PROPERTY DEVELOPMENT, INC.

Principal Place of Business

10276 SPRINGTREE LAKES DRIVE  
SUNRISE FL 33351

Mailing Address

10276 SPRINGTREE LAKES DRIVE  
SUNRISE FL 33351-7967

FILED  
May 08 1997 8:00am  
Secretary of State



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21 2001 N. ST RD 7		26 2001 N. ST RD 7		02/14/1996		02/14/1996	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number		Applied For	
22		27		65-0692174		Not Applicable	
City & State		City & State		5. Certificate of Status Desired		8.75 Additional Fees Required	
23 MARGATE, FL		28 MARGATE, FL		<input type="checkbox"/>		5.00 May Be Added to Fees	
Zip		Zip		6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/>	
24 33063		29 33063		30		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	
Country		Country		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
25 USA		30 USA					

9. Name and Address of Current Registered Agent

SCAVONE, LUCILLE  
10276 SPRINGTREE LAKES DRIVE  
SUNRISE FL 33351

10. Name and Address of New Registered Agent

81 Name	ROBERT M. RUSSO
82 Street Address (P.O. Box Number is Not Acceptable)	2001 N. ST RD 7
83	
84 City	MARGATE FL
85 Zip Code	33063

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCAVONE, LUCILLE	1.2 NAME	
STREET ADDRESS	10276 SPRINGTREE LAKES DRIVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	SUNRISE FL 33351	1.4 CITY-ST-ZIP	
TITLE	<del>VP</del>	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Robert M Russo	2.2 NAME	
STREET ADDRESS	2001 N. ST RD 7	2.3 STREET ADDRESS	
CITY-ST-ZIP	MARGATE FL 33063	2.4 CITY-ST-ZIP	
TITLE	PRESIDENT/DIRECTOR	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAMUEL H. KRAMER	3.2 NAME	
STREET ADDRESS	2719 FOREST HILLS BLVD	3.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL SPRINGS, FL 33065	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ROBERT M. RUSSO 1/31/97 (954) 970-5339

0291108

CR2E034 (9/96)