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

PROFIT CORPORATION ANNUAL REPORT

1998



Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000030934 (9)

RADS AND REMS, INC.

FILED Apr 02 1998 8:00am Secretary of State



Principal Place of Business Mailing Address								- 1 CONTREST AND DOING WITH DAILY ORING ARTH CRICK CONTROL COLDS TAILY FIRE FREE			
20850 NW 13TH STREET 20850 NW 13TH STREET											
DUNNELLON F			DUNNELLON FL 34431								
								DO NOT WRITE IN THIS SPACE			
								3. Date Incorporated or Qualifie	t		
								04/03/1996			
2. Principal Place of Business			2a. Mailing Address					4. FEI Number		A	pplied For
21	·	26						59-3377259		N ₁	ot Applicable
Suite, Apt.	#, etc.	Ĺ ^{S∟}	Suite, Apt. #, etc.				1	5. Certificate of Status Desired			Additional
22		27						9. 30. m. data 3, c. a.		Fee R	equired
City & State	1	Ci	City & State					8. Election Campaign Financing	_	\$5.00	May Be
23		28					Trust Fund Contribution		Added	to Fees	
Žip	Country	Ļ_ Ziţ	p	—	intry			8. This corporation owes or has			
24	25	29		30				Personal Property Tax due Ju			No
	9. Name and Addres	s of Current Register	ed Agent					10. Name and Address of New	Registered A	gent	-
NEL	LSON, JOHN A				81	Nam	e				
2218 HIGHWAY 44 WEST					82	2 Street Address (P.O. Box Number is Not Acceptable)					-
INVERNESS FL 34453					Street Address (F.S. Box (tomber to tro) Acceptable)						
					83						
						<u> </u>				Tag 1 45.	
					84	City			FI	85 Zip	Code
11. Pursuant t	o the provisions of Section	ons 607.0502 and 607.	1508, Florida Statu	tes, the a	bove	-name	d corpor	ration submits this statement for the	purpose of	changing i	ts registered
office or re	agistered agent, or both,	in the State of Florida.	Such change was	authorize	d by	the co	orporation	ration submits this statement for the n's board of directors. I hereby acc	ept the appo	intment as	registered
1	THAIRMAN WILL, AND BOOK	principalions or, or	UCHON 607.0303, 1	ionua sia	COLOS	٠.]
SIGNATURE ,	Signature, typed or printed name	of recimilated attent and title if an	olicable (NO	TE Registere	d Age	nt alonat	ure required	when reinstating)	DATE		
12.		FICERS AND DIRECTO		13.				ADDITIONS/CHANGES TO OF	ICERS AND	DIRECTO	RS IN 12
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NAME	CORTESE, ROY A			1,2 N	AME		1				ĺ
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, NAME ,				6.2 N	AME		1				ļ
STREET ADDRESS				6.3 S	REET	ADDRES	s				
CITY-ST-ZIP					ITY-S						•
	ertify that the information	supplied with this filing	g does not qualify				ated in Se	ection 119.07(3)(i), Florida Statutes	. I further cer	tify that the	e 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 13.11 changed, or on an attachment with an address.