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PROFIT CORPORATION ANNUAL REPORT

1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
99 JUL 29 AM 8:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P96000049906**

1. Corporation Name
RLS INDUSTRIES UNLIMITED, INC.

Principal Place of Business	Mailing Address
~~1450 KASTNER PLACE, SUITE 108~~ ~~SANFORD FL 32771-6906~~	~~1450 KASTNER PLACE, SUITE 108~~ ~~SANFORD FL 32771-6906~~

6/18/99 90011029 $150.00

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 1470 KASTNER PLACE	26 1470 KASTNER PLACE
Suite, Apt. #, etc. 22 SUITE 112	Suite, Apt. #, etc. 27 SUITE 112
City & State 23 SANFORD FL	City & State 28 SANFORD FL
Zip / Country 24 32771 25 USA	Zip / Country 29 32771 30 USA

3. Date Incorporated or Qualified: 06/11/1996

4. FEI Number: 59-3385805 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation owes the current year intangible Personal Property Tax. ☐ Yes ☑ No

9. Name and Address of Current Registered Agent

~~KURT R. BORGLUM, P.A.~~
~~894 WEST CHARING CROSS CIRCLE~~
~~LAKE MARY FL 32746~~

10. Name and Address of New Registered Agent

81 Name: KIM C. BOOKER, P.A.
82 Street Address (P.O. Box Number is Not Acceptable): 170 BLOXHAM AVENUE
83
84 City: ORANGE CITY FL 85 Zip Code: 32763

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] DATE: 6/4/99
Signature, typed or printed name of registered agent and title 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	PSD HUNT, SHANE ~~601 HAMPTON HILLS COURT~~ ~~DEBARY FL 32713~~	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	PSD HUNT, SHANE 1470 KASTNER PLACE SUITE 112 SANFORD FL. 32771	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PSD HUNT, SHANE 1016 W GAUCHO CIR DELTONA FL 32725	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	400002[illegible]244--1 -08/10/99--01017--010 ****400.00 ****400.00	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (11/98)

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, with all other like empowered.

8/5/99

SIGNATURE: [signature] 1/12/99 (407) 321-2344
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

(2)