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

PROFIT CORPORATION ANNUAL REPORT

**19**98



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P96000061695 (8)

RTD APPRAISALS, INC.

Principal Place of Business

Mailing Address

## FILED Apr 10 1998 8:00am Secretary of State



| 6700 150TH AVENUE NORTH #930<br>CLEARWATER FL 34624   |  |                   |                     |  |                                | 6700 150TH AVENUE NORTH #930<br>CLEARWATER FL 34624             |                                    |                                 |                               |   | TE IN THIS SF    | ACE         | <del></del>           |
|---|--|-------------------|---------------------|--|--------------------------------|---|------------------------------------|---------------------------------|-------------------------------|---|------------------|-------------|-----------------------|
|   |  |                   |                     |  |                                |   |                                    |                                 |                               | <ol> <li>Date Incorporated or Qualifie<br/>07/23/1996</li> </ol>                    | d                |             |                       |
| 2. Principal Pl   |  |                   |                     |  | 2a.                            | Mailing Address   |                                    |                                 |                               | 4. FEI Number   |                  |             | oplied For            |
| 21 12940  | 5 116'                                       | TH                | ST                  | N  | 26                             | 12946 1   | 16T                                | H ST                            | ' N                           | 59-3398195  |                  | No          | ot Applicable         |
| Suite, Apt. #, etc.   |  |                   |                     |  |                                | Suite, Apt. #, etc.   |                                    |                                 |                               | 5, Certificate of Status Desired  |                  |             | Additional<br>equired |
| City & State  | 9  |                   |                     |  | 1-11                           | City & State  |                                    |                                 |                               | 6. Election Campaign Financing  |                  | \$5.00      | May Be                |
| 23 LARGO  | ), FL  |                   |                     |  | 28                             | LARGO,  | FL                                 |                                 |                               | Trust Fund Contribution   |                  |             | to Fees               |
| Zip   |  | $\Box$            | Countr              | у  | 1                              | Zip   |                                    | Country                         | /                             | 8. This corporation owes or has   | paid the curre   | nt year Int | tangible              |
| 24 33778  |  |                   |                     | IBLLAS   | 29                             | 33778   | 30                                 | PIN                             | ELLAS                         |   |                  |             | No                    |
|   | g, Name                                      | and               | Addre               | as of Current  | Regis                          | tered Agent   |                                    |                                 |                               | 10. Name and Address of New   | Registered A     | jent        |                       |
| DEDMAN, SHIRLEY 6700 150TH AVENUE NORTH, #930 CLEARWATER FL 34624   |  |                   |                     |  |                                |   |                                    |                                 |                               | SAME<br>ddress (P.O. Box Number is Not Accep<br>12946 116TH STREI                   |                  | es Zio      | Code                  |
|   |  |                   |                     |  |                                |   |                                    | 84                              | City                          | LARGO   | FL               |             | Code<br><b>778</b>    |
| 11. Pursuant t<br>office or re<br>agent. Lar  | o the provise<br>gistered ag<br>n familiar w | sions o           | of Sector both      | ions 607.0502<br>i, in the State o<br>ept the obliga | and 6<br>of Florid<br>lions of | 07.1508, Florida St<br>da. Such change w<br>f, Section 607.0505 | atutes, t<br>as autho<br>, Florida | he abov<br>orized by<br>Statute | e-named co<br>the corporation | orporation submits this statement for th  | e purpose of c   | hanging it  | ts 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  SHIRLY DEDMAN  Signature, typed or printed name of registered agent and title if applicable.  (NOT: Registered Agent signature required when reinstating) |  |                   |                     |  |                                |   |                                    |                                 |                               |   |                  |             |                       |
| 12.   |  |                   | 0                   | FFICERS AND  | DIREC                          |   |                                    | 13.                             |                               | ADDITIONS/CHANGES TO OF   |                  |             |                       |
| TITLÉ   | PTD  |                   | _                   |  |                                | ☐ DELETÉ  |                                    | 1.1 TITLE                       |                               |   | L                | Change      | ☐ Addition            |
| NAME  | DEDMA  |                   |                     |  |                                |   |                                    | 1.2 NAME                        |                               |   |                  |             |                       |
| STREET ADDRESS  | 6700 15                                      | 50TH              | AVEN                | iue North  | #930                           |   | ı                                  | 1.3 STREET                      | ADDRESS                       |   |                  |             | Į                     |
| CITY-ST-ZIP   | CLEAR  | NATE              | R FL                | 34624  |                                |   |                                    | 1.4 CITY - 9                    | 5T- <b>7</b> (P               |   |                  |             |                       |
| TITLE   | S  |                   |                     |  |                                | ☐ DELETÉ  |                                    | 2.1 TITLE                       | - "] -                        |   |                  | Charige     | Addition              |
| NAME  | DEDMA  |                   |                     |  |                                |   |                                    | 2.2 NAME                        |                               |   |                  |             |                       |
| STREET ADDRESS  | ADDRESS 6700 150TH AVENUE NORTH #            |                   |                     |  |                                |   | ı                                  | 2.3 STREET ADDRESS              |                               |   |                  |             |                       |
| CITY-ST-ZIP   | CLEAR  | NATE              | R FL                | 34624  |                                |   |                                    | 2. 4 CITY-                      | ST-ZIP                        |   |                  |             |                       |
| TITLE   |  |                   |                     |  |                                | ☐ DELETE  |                                    | 3.1 TITLE                       |                               |   |                  | Change      | Addition              |
| NAME  |  |                   |                     |  |                                |   |                                    | 3 2 NAME                        | ŀ                             |   |                  |             |                       |
| STREET ADDRESS  |  |                   |                     |  |                                |   | 1                                  | 3.3 STREET                      | ADDRESS                       |   |                  |             |                       |
| CITY-ST-ZIP   |  |                   |                     |  |                                |   |                                    | 3.4. C(TY-)                     | ST-ZIP                        | •   |                  |             |                       |
| TITLE   |  |                   |                     |  |                                | ☐ DELETE  | 1                                  | 4.1 TITLE                       |                               |   |                  | Change      | ☐ Addition            |
| NAME  |  |                   |                     |  |                                |   | 1                                  | 4. 2 NAME                       |                               |   |                  |             |                       |
| STREET ADDRESS  |  |                   |                     |  |                                |   |                                    | 4.3 STREET                      | ADDRESS                       |   |                  |             |                       |
| CITY-ST-ZIP   |  |                   |                     |  |                                |   |                                    | 4.4 CITY- S                     | iT - ZIP                      |   |                  |             |                       |
| TITLE   |  |                   |                     |  |                                | ☐ DELETE  |                                    | 5.1 TITLE                       |                               |   |                  | Change      | Addition              |
| NAME  |  |                   |                     |  |                                |   |                                    | 5.2 NAME                        | İ                             |   |                  |             |                       |
| STREET ADDRESS  |  |                   |                     |  |                                |   |                                    | 5.3 STREET                      | ADDRESS                       |   |                  |             |                       |
| CITY-ST-ZIP   |  |                   |                     |  |                                |   |                                    | 5.4 DITY - S                    |                               |   |                  |             |                       |
| TITLE   |  |                   |                     |  |                                | ☐ DELETE  |                                    | 6.1 TITLE                       | +                             |   |                  | Change      | Addition              |
| NAME  |  |                   |                     |  |                                |   | 1                                  | 6.2 NAME                        | Ì                             |   | _                | ·           | _ \                   |
| STREET ADDRESS  |  |                   |                     |  |                                |   |                                    | 6.3 STREET                      | ADDRESS                       |   |                  |             |                       |
|   |  |                   |                     |  |                                |   |                                    | 6.4 CITY - 9                    |                               |   |                  |             |                       |
| 14 I hereby c   | ertify that th                               | ne info           | rmatio              | n supplied wit                                       | h this f                       | iling does not quali  | ify for the                        |                                 |                               | in Section 119.07(3)(i). Florida Statutes   | . I further cert | fy that the | information           |
| indicated of officer or o   | on <b>this</b> annu<br>director of th        | ual rep<br>he cor | port or<br>poration | supplemental<br>on or the recei                      | annua<br>ver or l              | I report is true and  | accurat                            | e and th                        | at my signa                   | ature shall have the same legal effect a<br>equired by Chapter 607, Florida Statute | s if made unde   | er oath; th | at I am an            |