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

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # D

1. Corporation Name P900001/28 4 (2)											
RHO ENTERPRISES, INC.											
TINO ENTENENDED, INC.								I INDICATE ING STAIN MAIN MAIN MAIN AND IN AND IN	Såis libb	a amama demás :	210) (8.0)
								_			
Principal Place of Business				Mailing Address				-			
1408 CLARET COURT											
								DO NOT WRITE IN THIS	SPACE	Ε	
								3. Date Incorporated or Qualified			
2. Principal Place of Business 2a. Mailing Add								08/30/1996		T	
<u></u>	lace of Busin	ess	\vdash	2a. Mailing Address				4. FÉI Númber		Applied	
Sulte, Apt.	# eto	· · · · · · · · · · · · · · · · · · ·	26	Suite, Apt. #, etc.				65-0691325	to.	75 Addit	plicable
22	π, ο ιο.		— —	27				5. Certificate of Status Desired		e Require	
City & Stat	le			City & State				6. Election Campaign Financing		.00 May	
23			1-	28				Trust Fund Contribution		ided to Fe	
Zip	Country			Zip		Country		8. This corporation owes or has paid the current year intangible			
24	25		29	29 30		<u> </u>		Personal Property Tax due June 30. Yes No			
	9. Name	and Address of Curre	10. Name and Address of New Registered	Agent							
WILSON, GARY K						31	Name				
		TRAIL NORTH #400					Street Addre	ess (P.O. Box Number is Not Acceptable)			
NAPLES FL 33940											
1					8	33					
					8	4	City		85	Zip Code	
								FL	<u> </u>		
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.											red red
agent. I am familiar with, and accept the obligations of, section 607.0505, Florida Statutes.											
SIGNATURE Signature, typod or printed name of registered agent and title if applicable. (NOTE: Registered Agent sign								red when reinstating) DATE			_
	12. OFFICERS ANI						Seur Bilitaine Ledau	ADDITIONS/CHANGES TO OFFICERS AN	D DIRE	CTORS	IN 12
TITLE	D			DELETE	1.1 TITLE				Cha		Addition
NAME	OTTEN, R	OGER H		1.2 NAME				•			, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
STREET ADDRESS					1.3 STREET ADDRESS						
CITY-ST-ZIP	HART (41900 C) 4444			1.4 CF			ZIP				
TITLE	D			DELETE	2.1 TITLE				Cha	inge 🔲	Addition
NAME	OTTEN, F	IONA E									
STREET ADDRESS	1100 02 1101			2.3 \$			ADDRESS				
CITY-ST-ZIP	P FORT MYERS FL 33919						ZIP		1.1		
TITLE				DELETE	3.1 TITLE	Ξ		Ĩ	Chai	nge 🔲	Addition
NAME				3.							
STREET ADDRESS							ADDRESS				
CITY-ST-ZIP					3.4 CITY		ZIP		-		
TITLE				DELETE	4.1 TITLE			l	Cha	nge 📙	Addition
NAME				4.2 NAME							
STREET ADDRESS							ADDRESS				1
CITY-ST-ZIP					4.4 CITY-		ZIP		T		
TITLE				DELETE	5.1 TITLE			l	i Chai	nge 📋	Addition
NAME STREET ADDRESS					\$.2 NAME 5.3 STREET ADDRESS		ADDDESS				i
CITY-ST-ZIP TITLE				DELETE	5.4 CITY- 6.1 TITLE		TIF		٦		Baddy!
NAME				[_] DELETE	6.2 NAMI			i	Char	ngye ∐	Addition
NAME STREET ADDRESS							NUDECC				
OINCELADURESS					0.3 STRE	CIA	ADDRESS				

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 opporation or the feedlyer of 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 grinned, or on an officer with an address.

FILED

Jul 22 1998 8:00am

Secretary of State