03-30-1999 90039 010 ***158.75

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

PROFIT CORPORATION **ANNUAL REPORT**

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000074821

1. Corporation Name

RDI SYSTEMS, INC.

	•											
Principal Place	e of Business	Mailing Address					1 19811481 119			1201, 61001 1011	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
15819 80TH DR		15819 80TH DR N										
PALM BCH GDI		PALM BCH GDNS FL 33418				DO NOT WRITE IN THIS SPACE						
US US						1	3. Date Incorporated or Qualifed					
							09/06/1996	ed of Qualifor				
2, Principal P	lace of Business	2a. Mailing Address				4.	FEI Number	**		A	pplied For	
21 26				65-0692778				Not Applicable				
Suite, Apt.	Suite, Apt. #, etc.					Certifcate of St	atus Desired	\$8.75 Additional				
22		27				<u>J.</u>	Certificate of Cit			Fee R	equired	
City.&.Stat	9	ـــــــــــــــــــــــــــــــــــــ				1	Election Campa				May Be	
23		28					Trust Fund Contribution Added to Fees					
	Zip Country Zip 25 29 30				8. This corporation owes the							
- · · · · · · · · · · · · · · · · · · ·					Personal Property Tax. 10. Name and Address of New Registere						ΣΩNο .	
	9. Name and Address of Curre	nt Registered Agent		81	Name	10.	Name and Add	ress of New F	cegisterea	Agent		
IRVII	NG, RICHARD D			"								
15819 80TH DR W				82		Street Address (P.O. Box Number is Not Acceptable)						
PALM BCH GDNS FL 33418				83	15	5819 80+h DR. N.						
TAL	III BOTT CENTO TE COTTO			63								
				84	City	.			FL	85 Zip	Code	
11. Pursuant	to the provisions of Sections 607.050 egistered agent, or both, in the State	02 and 607.1508, Florida St	atutes, the	abov	e-named	corporation	submits this sta	atement for the	purpose of	changing it	s registered	
office or n	egistered agent, or both, in the State m_familiar,with, and accept the obliga	of Florida. Such change wa	as authoriz Florida Si	ed by	the corpo	oration's bo	ard of directors.	I hereby acce				
_								•	3/	27/5	۹	
SIGNATURE	Signature, typed or printed name of registered age	ent and title if applicable. (N	NOTE: Registe	red Ager	nt signature r	equired when re			DATE			
12.		ND DIRECTORS		3.			DDITIONS/CH	ANGES TO OF	FICERS AN			
TITLE	PVST	☐ DELETE	1.1	TITLE						Change	☐ Additio	
NAME	irving, richard d		1.2	NAME								
STREET ADDRESS	15819 80TH DR N		1.3	STREE	T ADDRESS	_		4	~ .		24.10	
CITY-ST-ZIP	PALM BCH GDNS FL 33458			CITY-S	T-ZIP	PALM	1 BGH	- 60NS	. F C	<u> </u>	3418	
TITLE	D	☐ DELETE	2.1	TITLE						Change	Additio	
NAME:	IRVING, RICHARD D		2.2	NAME								
STREET ADDRESS	15819 80TH DR N		2.3	STREE	TADORESS	_	~	~ ~	٠,	7	2010	
CITY-ST-ZIP	PALM BCH GDNS FL 33458			4 CITY-S	T-ZIP.	KALN	1_BCH	GDWS	<u> + (_</u>	<u> </u>	24 12.	
TITLE		☐ DELETE	I -	TITLE						Change	Additio	
NAME			3.5	NAME								
STREET ADDRESS	· ·		3.3	STREE	TADDRESS							
CITY-ST-ZIP				I. CITY-S	T-ZIP		· · ·			Charre	C Addisio	
TITLE	-	C) DELETE	4.1	TITLE						☐ Change	Additio	

CITY-ST-ZIP 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.

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

4.4 CTY-ST-ZIP

5.1 TITLE

52 NAME

6.1 TITLE

6.2 NAME

☐ DELETE

☐ DELETE

NAME

TILE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

Change

Change

☐ Addition

☐ Addition