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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Socretary of State
DIVISION OF CORPORATIONS

**FILED** 

May 13 1997 8:00am

Secretary of State

DOCUMENT # P96000082656 (5)

R. D. L., INC.

Principal Place of Business Mailing Address	, FILO DO DO TO LA DESTRUCTO DE LA COLO DE L
\$37 WATERS EDGE DRIVE SOUTH PONTE VEDRA BEACH FL 32082  337 WATERS EDGE DRIVE SOUTH PONTE VEDRA BEACH FL 32082-2525	
3. Date Incorporated or Qualified 10/07/1996	3a. Date of Last Report
2. Principal Place of Business 2a. Mailing Address 4. FEL Number 59-341307	Applied For Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired	\$8.75 Additional Fee Regulred
City & State City & State 6. Election Campaign Financing	<b>\$5.00</b> May Be
23 Trust Fund Contribution	Added to Fees
Zip Country Zip Country 8. This corporation has liability for	
24 25 29 30 Florida Statutes  9. Name and Address of Current Registered Agent 10, Name and Address of New 1	Yes No
LIVESAY, ROBERT D 81 Name	egistered Agent
927 WATERS ERAE RAITU	
PONTE VEDRA BEACH FL 32082  82 Street Address (P.O. Box Number is Not Accept	able)
83	
84 City	<b>85</b> Zip Code
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutos, the above-named corporation submits this statement for the office or registered agent, or both, in the State of Florida, Such change was authorized by the corporation's board of directors. I hereby according to the corporation of the	purpose of changing its registered ept the appointment as registered
agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.	
SIGNATURE Signature, typed or printed harne of registered agent and talk if applicable (NOTE: Registered Agent signature required when reinstating)	DATE
12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFI	
TITLE D DELETE 1.1 TITLE	Change Addition
NAME LIVESAY, ROBERT D 12 NAME	
STREET ADDRESS 337 WATERS EDGE DRIVE SOUTH 1.3 STREET ADDRESS	
CITY-ST-ZIP PONTE VEDRA BEACH FL 32082 14 CITY-ST-ZIP	
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TITLE	Change Addition
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14. I do 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 conversion or the receiver of trust of 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 or an interpretation of the conversion of the