


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

FILED
May 06 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P96000085058 (1) 1. Corporation Name R & D SALES, INC.			
Principal Place of Business 1500 COLONIAL BLVD., STE. 103 FT. MYERS FL 33907		Mailing Address 1500 COLONIAL BLVD., STE. 103 FT. MYERS FL 33907	
2. Principal Place of Business 21 3032 DEL PRADO BLVD Suite, Apt. #, etc. 22 City & State 23 CAPE CORAL, FL Zip 24 FL 33904 Country 25 USA		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 33907 Country 30	
3. Name and Address of Current Registered Agent MILLIGAN, JOHN P JR. 1500 COLONIAL BLVD., STE. 103 FT. MYERS FL 33907		3. Date Incorporated or Qualified 10/14/1996 4. FEI Number 65-0712751 Applied For Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees 8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
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.		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code	
SIGNATURE Signature, typed or printed name of registered agent and, if applicable, (NOTE: Registered Agent signature required when reinstating) DATE			
12. OFFICERS AND DIRECTORS 1.1 TITLE <input type="checkbox"/> DELETE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP 1.5 CITY - ST - ZIP 1.6 CITY - ST - ZIP 1.7 CITY - ST - ZIP 1.8 CITY - ST - ZIP 1.9 CITY - ST - ZIP 1.10 CITY - ST - ZIP			
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP 1.5 CITY - ST - ZIP 1.6 CITY - ST - ZIP 1.7 CITY - ST - ZIP 1.8 CITY - ST - ZIP 1.9 CITY - ST - ZIP 1.10 CITY - ST - ZIP			



DO NOT WRITE IN THIS SPACE

CR2E034 (10/97)

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 any attachment with an address.

SIGNATURE
ROBERT M. ROZZO 4/6-106 941-649-1844