

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.  
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED  
Aug 18 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000091848 (7)

1. Corporation Name  
R.S.D. ASSOCIATES, INC.



Principal Place of Business 1149 HILLSBORO MILE STE 603N HILLSBORO BEACH FL 33062	Mailing Address 1149 HILLSBORO MILE STE 603N HILLSBORO BEACH FL 33062
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 404 E. Atlantic Avenue Suite, Apt. #, etc.		2a. Mailing Address 26 404 E. Atlantic Ave. Suite, Apt. #, etc.		3. Date Incorporated or Qualified 11/08/1996	3a. Date of Last Report
22 City & State 23 Delray Beach		27 City & State 28 Delray Beach		4. FEI Number 65-0717312	Applied For Not Applicable
24 Zip 33483		29 Zip 33483		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
Country 25 USA		Country 30 USA		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 type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent BOBICK, EDWARD 1149 HILLSBORO MILE STE 603N HILLSBORO BEACH FL 33062		10. Name and Address of New Registered Agent 81 Name Stacie Dable 82 Street Address (P.O. Box Number is Not Acceptable) 404 E. Atlantic Avenue 83 84 City Delray Beach FL 85 Zip Code 33483	
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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.

SIGNATURE X Stacie Dable Stacie Dable DATE 8/4/97  
Signature, typed or printed name of registered agent and, if applicable, (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> DELETE BOBICK, EDWARD 1149 HILLSBORO MILE STE 603N HILLSBORO BEACH FL 33062	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	President Stacie Dable 404 E. Atlantic Avenue Delray Beach, Florida 33483 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 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.

SIGNATURE X Stacie Dable DATE 8/4/97  
Signature, typed or printed name of registered agent and, if applicable, (NOTE: Registered Agent signature required when reinstating)

CP2E034 (4/97)