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



FLORIDA DEPARTMENT OF STATE

FILED

Aug 27 1998 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000091848 (7)

R.S.D. ASSOCIATES, INC.

Principal Place of Business				Malling Address								i kullik bib				
404 E. ATLANTIC AVE. DELRAY BEACH FL 33483 US				404 E. ATLANTIC AVE. DELRAY BEACH FL 33483					DO NOT WRITE IN THIS SPACE							
									3. Date Incorporated or Qualified 11/08/1996							
2. Principal Place of Business				2a, Mailing Address									ied For			
21				26					65-0717312				Applicable			
Suite, Apt. #, etc.				Suite, Apt. #, etc.					5. Certificate of Status Desired		Fe	75 Add	uired			
City & State				City & State					6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees							
Zip Country			· · · · · · · · · · · · · · · · · · ·	Zip Cou					8. This corporation owes or has p	aid the curre						
24	25			29 30					Personal Property Tax due June 30. Yes No							
9. Name and Address of Current Reg				Istered Agent				10. Name and Address of New Registered Agent								
	CIE DABLE					81	Na	ame								
404 E. ATLANTIC AVE.						82	Str	reet Addres	s (P.O. Box Number is Not Accepta	ble)						
DELRAY BEACH FL 33483																
						83	-				T 2.T					
						84	Cit	ty		FL	85	Zip Co	de			
office or agent. I	registered agent, o	f sections 607.0502 a r both, in the State o id accept the obligati	f Florida.	Such change was	authoriz	ed by t	the o	ed corporat corporation	ion submits this statement for the pu 's board of directors. I hereby accep	rpose of cha t the appoint	nging i Iment s	its regis as regis	stered stered			
SIGNATURE Signalure, typed or printed name of registered agent and title If applicable (NOTE: Regis								ionalure reculre	d when reinstating)	DATE						
12. OFFICERS AND DIRECTORS								•	ADDITIONS/CHANGES TO OFF		DIRE	CTOR	S IN 12			
TITLE	P			DELETE	1.1	TITLE	•				Chai	nge [Addition			
NAME	DA b le, Stacie	Ē			1.2	NAME						_				
STREETADORESS 404 E. ATLANTIC AVE.					1.3	STREET	ADDRI	ESS								
CITY-ST-ZIP	DELRAY BEAC	H FL				CITY-ST-	ZIP			· · · · · · · · · · · · · · · · · · ·						
TITLE				DELETE		TITLE				L	Cha	nge	Addition			
NAME						NAME										
STREET ADDRESS						STREET		ESS								
CITY-ST-ZIP TITLE						CITY-ST-	ZIP			<u> </u>	٦					
NAME				∐ D€LETE		NAME				Ĺ	Chai	nge [_	Addition			
NAME STREET ADDRESS							ADORI	E99								
CITY-ST-ZIP						CITY-ST-										
TITLE				DOELETE		TITLE					Cha	nne	Addition			
NAME					4.2	NAME				_	_ 0	,g- L				
STREET ADDRESS					4.3	STREET	ADDRE	ESS								
CITY-ST-ZIP	_				4.4	CITY-ST-	ZIP									
TITLE				DELETE	5.1	TITLE					Chai	nge [Addition			
NAME					5.2	NAME										
STREET ADDRESS					5,3	STREET	ADDRE	ESS								
CITY-ST-ZIP					5.4	CITY-ST-	ZIP									
TITLE				DELETE	6.1	TITLE					Char	nge	Addition			
NAME				•		NAME										
STREET ADDRESS					4	STREET		ESS								
CITY-ST-ZIP	ortify that the info	nation augustical with a	olo Glina a	long not qualify fee		CITY-ST-		od in coati-	n 110 07/3/(i) Florida Statutas 15	hor ondif. IL	at th	inform-	tion			
indicated of an officer of	on thi s a nnual repor or dir ec tor of the co	rt or supplemental ar proration or the rece	nnual rep eiver or tr	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 paragraphment with apactoress.												