2004 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 21, 2004 08:00 AM Secretary of State DOCUMENT # P97000020834 1. Entity Name RFS CORP. Principal Place of Business Mailing Address 200 NE 2ND DR 200 NE 2ND DR HOMESTEAD, FL 33030 HOMESTEAD, FL 33030 01072004 No Cha-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-0732990 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent HOUSTON, ROBERT DO NOT WRITE 200 NE 2ND DR HOMESTEAD, FL 33030 IN THIS SPACE 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida I am familiar with, and accept the obligations of re Signature, typed or printed name of registered agent and atte if applicable. (NOTE, Registered Agent signature required when reinstating) 1100000122104 FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be 04/21/04-80012-024 150.**m** Trust Fund Contribution Added to Fees OFFICERS AND DIRECTORS 10. TITLE HOUSTON, ROBERT SMAIN STREET ADDRESS 26755 SW 202 AVENUE CITY - ST - ZIP HOMESTEAD, FL 33031 TOTLE MARCUS, MICHAEL J NAME STREET ADDRESS 200 NE 2ND DR CXTY-51-2/P HOMESTEAD, FL 33030 TITLE NAME STREET ADDRESS DO NOT WRITE CITY+ST-ZIP 7131 F IN THIS SPACE NAME STREET ADDRESS City-St-Zip MAME STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under path, 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 10 or Block 11 if changed, or on an attachment with an address, with all gare like empowered.

SIGNATURE:

TITLE NAME STREET ADDRESS

ED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

FILED