COR	IW: FILING FEE PORATION JAL REPORT 1996	AFIEN AFIEN	FLORIDA DEPARTM Sandra 8. I Secretary DIVISION OF CO	MENT OF S Mortham of State	STATE	20.00				
DOCUMENT # P97000024265										
1. Corporation Name						1	98 JUL 13 PM 2: 58			
Retail Diversified Investors Corp.						1				
						İ	SLUME FARY OF STATE FALLAHASSEE, FLORIDA			
Principal Place	of Business	Mailin	g Address		-	_	FILLHIROOL	L, I LOM	UM .	
	•									
4675 S.W. 74th Street 4675 S.W. 74th Miami, FL 33143 Miami, FL 33143					t	DO NOT WRITE IN THIS SPACE.				
							incorporated or Qualified 1/97	3a. Dat	e of Last Rep	ort
2. Principal Pla	ace of Business	2a. M	alling Address			4. FEI N	<u> </u>		₩ IAD	plied For
	S.W. 74th Strret	26				<u> </u>				t Applicable
Suite, Apt.	#, etc.	27	uite, Apt. #, etc.			5. Certifi	cate of Status Desired	×	\$8.75 / Fee Re	
City & State)	C C	ty & State				on Campaign Financing		\$5.00	
23 Miami	4	28 Z	 	Country	,		Fund Contribution corporation has liability for	r intanoible t	Added t ax under S. 1	
Zp 33143	25 UŚA	29	30	_ ′			a Statutes Y			
	9. Name and Address of Cur	rent Register	ed Agent	81	1.610	10. Nam	and Address of New	Registered	Agent	
Álan	H. Potamkin				1					
	S.W. 74th Street			82	Street Add	dress (P.O. Bo)	Number is Not Accept	12 55	8974	1 E
Miami, FL 33143								**550.0	~01033-	550.00
				84	City		44.		BS Zin (
41 Diminant	to the predictors of Sections 807 O	502 and 607 1	508 Florida Statutes 1	he shove-	named com	oration submits	this statement for the o	FL surpose of ch		stered office
or register familiar wit	to the provisions of Sections 607.05 ed agent, or both, in the State of F th, and accept the obligations of, S	lorida. Such ch ection 607.050	ange was authorized to 5, Florida Statutes.	by the corp	oration's bo	oard of directors	s. I hereby accept the ap	pointment as	registered a	gent. I am
SIGNATURE _	Signature, typed or printed name of regettered a	gent and title if appli	cable. (NOTE: F	Registered Ager	nt signature requi	ired when renstating		CATE		
12.	OFFICERS	AND DIRECTO	RS	13.	· · · · · · · · · · · · · · · · · · ·	ADDIT	IONS/CHANGES TO O	FICERS AND	DIRECTORS Change	S IN 12
TITLE NAME	President / Direc	tor		1. I TITLE 1.2 NAME					Change	L. Hoditish
STREET ADDRESS	Rick Lepley				ADDRESS					
CITY-ST-ZIP	Miani, FL 33143Street			1.4 CMY - S	ST- ZIP			<u></u>		
TITLE	Co-Chairman/Vice		nt	2.1 TITLE			40000	258	Change	Addition
NAME	Robert M. Potamki 4675 S.W. 74th St			2.2 NAME	ADORESS		-07,	/14/98~	-01098-	-002
STREET ADDRESS CITY-ST-ZIP	Miami, FL 33143			2.4 CITY - S			乔 赤:	**************************************	5 *****	≉#β.(S
TITLE	Co-Chairman/Secre	tary		3.1 TITLE		 			Change	Addition
NAME	Alan H. Potamkin			3.2 NAME						
STREET ADDRESS	4675 S.W. 74th St	reet			TADORESS					
CITY+ST-ZIP	Miami, FL 33143 Secretary			3.4 CITY - 5 4.1 TITLE	ST-ZIP				Change	Addition
NAME	Veronica Farr	• •		4.2 NAME						
STREET ADDRESS		reet		4.3 STREET	ADDRESS					
CITY-ST-ZIP	Miami, FL 33143St			4.4 CITY - S	ST-ZIP				Lichago	Laddition
TITLE	Mornel Spiro			\$.1 TITLE					Сћалде	Addition
NAME EXPECT ADDRESS	4675 S.W. 74th St	reet		5.2 NAME	T ADDRESS					
STREET ADDRESS CITY-ST-ZIP	Miami, FL 33143			5.4 CITY - 5	1				_	
TITLE	Director			6.1 TITLE	-				Change	Addition
NAME	Robert Conn			6.2 NAME					イ	510/90
STREET ADDRESS	4675 S.W. 74th St	reet		6.3 STREET	T ADDRESS				>	7/1-

6.4 CITY-ST-ZIP Miami, FL 33143

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 cath; 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:

Robert M. Potamkin, V.P./Director 7/7/98