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

PROFIT CORPORATION ANNUAL REPORT

**1998** 



FLORIDA DEPARTMENT OF STATE

Sandrå B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P97000031885 (1)

RDS FINANCIAL SERVICES, INC.

| Principal Place   | e of Business                                | Mailing Address                |                        |   | 4 HARINGEN HIR NEHN HERLI GRUNN BRINN DRINN BRINN BRINN HINDN HOURT HEREN DRINN HEREN   |
|---|--|--------------------------------|------------------------|---|---|
| 930 NO SUNCOAST BLVD.   |  | 990 NO SUNCOA                  | ST BLVD.               |   |   |
| CRYSTAL RIVER FL 34429  |  | CRYSTAL RIVER                  | CRYSTAL RIVER FL 34429 |   | DO NOT WRITE IN THIS SPACE  |
|   |  |                                |                        |   | 3. Date Incorporated or Qualified   |
|   |  |                                |                        | <u> </u>                                    | 04/07/1997  |
| L   | ace of Business                              | 2a. Mailing Addre              |                        | rail W.                                     | 4. FEI Number Applied For S 9 - 3 4 3 8 7 3 7 Not Applicable                            |
| Suite, Apt.   | 0 U.S. Huy 19 1                              | Suite, Apt. #, 6               |                        | rail W.                                     | CO 75 Additional  |
|   | Juite 509                                    | 27 Ap                          |                        | <b>K</b>                                    | 5. Certificate of Status Desired Fee Required   |
| City & State  |  | City & State                   | ·                      | <del></del>                                 | 6. Election Campaign Financing \$5.00 May Be  |
|   | armater Fl                                   | 28 Clear                       | wate                   | r FI  | Trust Fund Contribution Added to Fees   |
| Zip   | Country                                      | [ Zip                          | <u> </u>               | Country                                     | 8. This corporation owes or has paid the current year Intangible                        |
| 24 3376   | 9. Name and Address of C                     | 29 33764                       | 30                     | <u>us</u>                                   | Personal Property Tax due June 30. Yes No  10, Name and Address of New Registered Agent |
| PROMONE DIGUARD W   |  |                                |                        |   |   |
|   |  |                                |                        | Address (P.O. Box Number is Not Acceptable) |   |
| CRYSTAL RIVER FL 34429  |  |                                |                        |   | 100 U.S. Hwy 19, North  |
| 83 Suite 509  |  |                                |                        |   |   |
|   |  |                                |                        | 84 City                                     | Apr 7in Code  |
|   |  |                                |                        |   | learwater FL 33761  |
| 11. Pursuant to the provisions of Scotions 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 |  |                                |                        |   |   |
| 1   | m familiar with, and accept the              | obligations of, Section 607.0  | 505, Florid            | la Statutes.                                |   |
| SIGNATURE   | Signature: typud or printed name of register | ed agent and tilled applicable | (NOTE FI               | egistered Agent signature                   | required when reinstaling) DATE   |
| 12.   |  | AND DIRECTORS                  |                        | 13.   | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12                                       |
| THTLE   | D  | DEU                            | TE                     | 1.1 TITLE                                   | Change  |
| NAME  | <b>DESIMONE, RICHARD W</b>                   |                                |                        | 1.2 NAME                                    | 1820 Oak Trail W. #113  |
| STREET ADDRESS  | 2860 WEST ESCAMBIA L                         | ANE                            |                        | 1.3 STREET ADDRESS                          | Clearwater, Fl. 33764   |
| CITY-ST-ZIP<br>TITLE  | LECANTO FL 34460                             | DEL!                           | TF                     | 1.4 CITY-ST-ZIP<br>2.1 TITLE                | Clearwater, FI. 33764   |
| NAME  |  |                                | -1.                    | 22 NAME                                     |   |
| STREET ADDRESS  |  |                                | 1                      | 2.3 STREET ADDRESS                          |   |
| CITY-ST-ZIP   |  |                                |                        | 2. 4 CITY - ST - ZIP                        |   |
| TITLE   |  | DEL                            | 1E                     | 3.1 TITLE                                   | ☐ Change ☐ Addition   |
| NAME  |  |                                |                        | 3.2 NAME                                    |   |
| STREET ADDRESS  |  |                                |                        | 3.3 STREET ADDRESS                          |   |
| CITY-ST-ZIP   |  |                                | 75                     | 3.4. CITY-ST-ZIP                            | Our Dada  |
| MILE  |  | ☐ DELI                         | it.                    | 4.1 TITLE                                   | L.] Change L.] Addition   |
| NAME<br>CAREET ADDRESS  |  |                                | į                      | 4. 2 NAME                                   |   |
| STREET ADDRESS<br>CITY-ST-ZIP   |  |                                |                        | 4.3 STREET ADDRESS<br>4.4 City-St-Zip       |   |
| TITLE   |  | DEC.                           | TE                     | 5.1 TITLE                                   | ☐ Change ☐ Addition   |
| NAME  |  |                                |                        | 5.2 NAME                                    | _ ', _ '  |
| STREET ADDRESS  |  |                                |                        | 5 3 STREET ADDRESS                          |   |

14. Thereby 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 tunual report or suppliemental 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 13 if changed, or on an attachment with an address.

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CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

CO. I LUING

5.4 CITY-ST-ZIP

63 STREET ADDRESS

6.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

DELETE

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\*\*\*150.00

**FILED** 

Jun 18 1998 8:00am

Secretary of State





## RDS FINANCIAL SERVICES, INC.

May 22, 1998

Division of Corporations Annual Reports Filings P.O. Box 1500 Tallahassee, FL 32302-1500

Re: Profit Corporation Annual Report

To Whom It May Concern:

1 have enclosed a check in the amount of \$150.00 for the filing fee of this report. I realize that 1 am filing this form after May 1st, 1998, however, I just received this form on May 20, 1998 due to the fact that it was mailed to an address (930 N. Suncoast Blvd., Crystal River, FL 34429) where 1 am no longer doing business. My correct business address is 28100 US Highway 19 North, Suite 509, Clearwater, Florida 33761.

Thank you for your cooperation in this matter.

Sincerely,

Richard W. DeSimone

RD/kee