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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Socretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P9700035906 (1)

R&D MOTORCOACHES, INC.

Mailing Address Principal Place of Business 874 BRIGHTWATER CIR. 874 BRIGHTWATER CIR. MAITLAND FL 32751 MAITLAND FL 32751 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 04/20/1997 2a. Mailing Address Applied For 2. Principal Place of Business Not Applicable 21 26 \$8.75 Additional Sulte, Apt. #, etc. Suite, Apt. #, etc. Certificate of Status Desired Fee Required 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees 23 28 Country Zip Zφ 8. This corporation owes or has paid the current year Intangible Country Yes Personal Property Tax due June 30. 30 24 25 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 SENDEROWITZ, ROBIN A 874 BRIGHTWATER CIR. 82 Street Address (P.O. Box Number is Not Acceptable) MAITLAND FL 32751 83 Zip Code 84 City 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** Signature, typicd or printed monit of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. Change Addition DELETE 1.1 TITLE TITLE NAME SENDEROWITZ, ROBIN A 1.2 NAME **874 BRIGHTWATER CIR.** 1.3 STREET ADDRESS STREET ADDRESS **MAITLAND FL 32751** 1.4 CITY-ST-ZIP CITY-ST-ZIP Addition Change DELETE 2.1 TITLE TITLE ASBELL, JOAN M 2.2 NAME 103 PINEAPPPLE LN. 23 STREET ADDRESS STREET ADDRESS ALTAMONTE SPRINGS FL 32714 2 4 CITY-ST-ZIP CITY-ST-ZIP Addition DELETE Change 3.1 TITLE NAME WAGNER, DAVID **3.2 NAME** 420 SUMMIT RIDGE PL. #100 3.3 STREET ADDRESS STREET ADDRESS

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 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 12 or Block 13 if changed, or on an attachment with an address.

3.4. CITY - ST - ZIP

4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.3 STREET ADDRESS

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5.4 CITY-ST-ZIP

4.1 TITLE

4. 2 NAME

5.1 TITLE

5.2 NAME

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6.2 NAME

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LONGWOOD FL 32779

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May 11 1998 8:00am

Secretary of State

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