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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

FILED Mar 19 1998 8:00am Secretary of State

Principal Place of Business Mailing Address 1309-ANDY 1908SE IN CAPTINA FL 33824 1309-ANDY 1908SE IN CAPTINA FL 33824 26. Mailing Address 26. Mailing Address 27. Back 28. Principal Place of Business 28. Mailing Address 28. Principal Place of Business 28. Mailing Address 28. Principal Place of Business 28. Principal Place of Status Desired 28. Principal Place o		/A RENDEZVOUS, INC.	040940 (3)			
CAPTINA FL 3924 2. Mailing Address 2. A Mailing Address 3. Date Incorporated or Qualified (\$5/05)997 2. Principal Place of Business 3. SAM 26 P.O. Box 12/8 Suite, Apl. #, etc. 2. Suite, Apl. #, etc. 3. Date Incorporation over one by apl. #, etc. 3. Cartificate of Satus Desired Satus Park Address of Country 3. Suite, Apl. #, etc. 4. Cry FL 85 Zip Code 5. Contribution of Socions 607 5000 and 607 1508, Florida Satutes, the above-named corporation submits this statement for the purpose of changing its region office or registered apprt. Suite App. #, etc. 4. Cry FL 85 Zip Code 5. Contribution of App. #, etc. 5. Cartificate of Satus Desired App. #, etc. 5. Suite App. #, etc. 5. Cartificate of Satus Desired App. #, etc. 5. Cartificate of Satus Desired App. #, etc. 5. Cartificate of	Principal Plac	e of Business	Mailing Address			int antin ints ålbit neti læs
B. Date Incorporated of Qualified (5)(05)(1997 Country Sulfa, Apt #, etc. Sulfa, Apt			11309-ANDY BOBSE LN			
3. Date Incorporated or Qualified Color C	CAPTIVA FL	33924	CAPILIVA FL 33824		DO NOT WRITE IN THIS	CDACE .
2. Principal Piace of Business 2a. Mailing Address 2.1 8 4. FEI Number 5 4. FEI Number 5 4. FEI Number 5 5 5 5 5 5 5 5 5						SFACE
2. Principal Place of Business 13. Am 6 28 P. P. Book 12.18 4. FEI Number						4 2
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City & State Country State			Suite, Apt. #, etc.	17-1-1		\$8.75 Additional
2p	22	_	27 SANIBEL		Certificate of Status Desired	Fee Required
270 Country 270 South PA 270 Country 28 PC Out 10 PA 28 PC Out 10 PA 28 PC Out 10 PA 29 33951 30 CUSA , B, This corporation owes or has paid the current year intangle personal Property Tax due June 30.	City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
25 29 33957 30 C.S.A., Porsonal Property Tax due June 30. Pos No. 10, Name and Address of Current Registered Agent 11, Name and Address of Current Registered Agent 11, Name and Address of New Registered Agent 12, Name and Address of New Registered Agent 13, Name 14, Name 15, Name 16, Name and Address of New Registered Agent 15, Name 16, Name and Address of New Registered Agent 16, Name and Address of New Registered Agent 17, Name and Address of New Registered Agent 18, Name 18, Name 19, Name and Address of New Registered Agent 10, Name and Address of New Registered Agent 11, Name 12, Name 13, Name and Address of New Registered Agent 14, Name and Address of New Registered Agent 15, Name and Address of New Registered Agent 16, Name and Address of New Registered Agent 17, Name and Address of New Registered Agent 18, Name and Address of New Registered Agent 11, Name and Address of New Registered Agent A	23		28 FLORIDA		Trust Fund Contribution	Added to Fees
S. Name and Address of Current Registered Agent 10, Name and Address of New Registered Agent RIVAT, WIL 11509 ANDY ROSSE LN CAPTIVA FL 33924 82 Street Address (P.O. Box Number is Not Acceptable) 82 Street Address (P.O. Box Number is Not Acceptable) 83 A City FL 85 Zip Code 84 City FL 85 Zip Code 85 City FL 85 Zip Code 85 City FL 85 Zip Code 86 City FL 85 Zip Code 86 City FL 85 Zip Code 87 City FL 85 Zip Code 27 City C		L '				
RIVAIT, WIL 11509 ANDY ROSSE LN CAPTIVA FL 33924 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code 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 agont, or both, in the State of Florida Such change was authorized by the corporation's board of directors. I hereby accept the appointment as regist agont a mit came of implacement of positions of Sections 607.0505. Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as regist agont in mit came of implacement of such change was authorized by the corporation's board of directors. I hereby accept the appointment as regist agont in mit came of implacement agont and accept the obligations of Sections 607.0505. Florida Statutes. SIGNATURE Signature, typed or presed name of implacement agont and still of agriculable (NOTE Registered Agent agont argument when refertations) PRES JOHN DATE DATE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN INITIAL Change NAME WILL RIVAIT DELETE 21 INITE Change STREET ADDRESS 3 S S LUGRADO CT 13. STREET ADDRESS 2 STREET ADDRESS 14. CITY-ST-2P DIRECTORS 15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN INITIAL 15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN INITIAL 16. Change Change 17. MYSES , FL 339 OS DELETE 21 INITE 18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN INITIAL 19. Change Change 19. Change Change 19. Change Change 10. Change Change 11. The Change Change 12. CITY-ST-2P Change 13. STREET ADDRESS 14. CITY-ST-2P 15. CITY-ST-2P 16. Change Change 17. MAME Change 18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN INITIAL 19. Change	24			U.SA.		
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 agont, or both, in the State of Florida Such change was authorized by the corporation's board of directors. I hereby accept the appointment as regist agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes, agent are mamiliar with and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature typied or previous name of regional agent and provided in applicable. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN THE LAWAR STREET ADDRESS ITHE CORPS STREET ADDRESS 1 A CITY-S1-ZP FF. MYSES, FL. 33 70 8 TITLE OFFICERS AND DIRECTORS 1 A CITY-S1-ZP TITLE OFFICERS AND DIRECTORS 1 A CITY-S1-ZP TITLE OFFICERS AND DIRECTORS 1 A CITY-S1-ZP OFFICERS AND DIRECTORS 1 A CITY-S1-ZP TITLE OFFICERS AND DIRECTORS 1 A CITY-S1-ZP CITY-S1-ZP OFFICERS AND DIRECTORS 1 A CITY-S1-ZP OFFICERS AND DIRECTORS 1 A CITY-S1-ZP OFFICERS AND DIRECTORS 1 A CITY-S1-ZP CITY-S1-ZP OFFICERS AND DIRECTORS 1 A CITY-S1-ZP OFFICERS AND DIRECTO			Registered Agent	100 111	10. Name and Address of New Registered	Agent
CAPTIVA FL 33924 83 84 City FL 85 Zip Code 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation's board of directors. I hereby accept the purpose of changing its regist agent. I am familiar with, and accept the obligations of. Section 607.0505, Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as regist agent. I am familiar with, and accept the obligations of. Section 607.0505, Florida Statutes, the above-named corporation's board of directors. I hereby accept the purpose of changing its regist agent. I am familiar with, and accept the obligations of. Section 607.0505, Florida Statutes, the above-named corporation's board of directors. I hereby accept the purpose of changing its regist agent. I am familiar with, and accept the obligations of. Section 607.0505, Florida Statutes, the opporation's board of directors. I hereby accept the purpose of changing its regist agent. I am familiar with, and accept the obligations of. Section 607.0505, Florida Statutes, the opporation's board of directors. I hereby accept the purpose of changing its regist agent. I am familiar with, and accept the obligations of. Section 607.0505, Florida Statutes, the opporation's board of directors. I hereby accept the purpose of changing its regist agent. I am familiar with, and accept the obligations of Section 607.0505, Florida Statutes, the opporation should be accepted by the corporation's board of directors. I hereby accept the purpose of changing its regist agent. I am familiar with, and accept the purpose of changing its regist agent. I am familiar with, and accept the purpose of changing its regist agent. I am familiar with, and accept the purpose of changing its regist agent. I am familiar with, and accept the purpose of changing its regist agent. I am familiar with, and accept the purpose of changing its regist agent. I am familiar with, and accept the purpose of changing its regist agent agent agent agent agent ag				Name	,	
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11. Pursuant to the provisions of Soctions 607.05.02 and 607.15.08, Floride Statutes, the above-named corporation submits this statement for the purpose of changing its regist office or registered agont, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as regist agent. I arm tamiliar with, and accept the obligations of, Soction 607.05.05, Florida Statutes. SIGNATURE Signature, typied or ponded name of registered agont and title of archicable. (NOTE Registered Agent algorithms required when reinstating) DATE 12. OF FICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1.1 ITILE WILL RIVALT STREET ADDRESS 1.5 3 3 8 S ILVERAGO CT. 1.3 STREET ADDRESS 1.5 3 3 8 S ILVERAGO CT. 1.3 STREET ADDRESS 1.5 3 3 8 S ILVERAGO CT. 1.3 STREET ADDRESS 1.4 CITY-S1-ZIP WILK AGOVSK I 2.2 NAME 3.3 STREET ADDRESS CITY-S1-ZIP DELETE 3.3 STREET ADDRESS CITY-S1-ZIP DELETE 4.1 TITLE Change Cha		•		[63]		
11. Pursuant to the provisions of Soctions 607 0502 and 607 1508, Fiorida Statutes, the above-named corporation submits this statement for the purpose of changing its registration of the provisions of Soctions 607 0505, Florida Statutes the above-named corporation's board of directors. I hereby accept the appointment as regist agent. I am familiar with, and accopt the obligation 607 0505, Florida Statutes SIGNATURE Signature, hyber or promoud name of registered agent and their acpticable. (NOTE: Registered Agent signature required when reinstating) 12. OFFICE RS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN TITLE 12. OFFICE RS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN TITLE 12. TITLE 13. STATE TADDRESS 14. ORTY-SI-2P 14. ORTY-SI-2P 15. MYERS, FL. 33 70 8 14. ORTY-SI-2P 15. MYERS, FL. 33 70 8 15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN TITLE 15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN TITLE 16. ORTHOROGOUS TO THE STATE TO				84 City		85 Zip Code
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Signature Typed or profined name of registered Agent and bife 1 applicable (NOTE: Registered Agent algorature required when reinstating) DATE						
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NAME	CITY-ST-ZIP	FT. MYGRS, FL.	33908		<u> </u>	
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14. 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 this annual report for supplemental annual report further certify that I 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	14. I hereby o	and the state of t	L 45 1- 400 114 - 4 -		On all 440 OF IOUS FAILL OLD ALL III ALL	AND ALL AND AL

111 (11) Will Kumf MARCH 1298 941.395-1677