SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.

AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

## PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000044791 (6)

RONTROL ENTERPRISES, INC.

Principal Place of Business 1850 NE 142ND ST. APT 9A NORTH MIAMI FL 33181			Mailing Addres	Mailing Address 1850 NE 142ND ST. APT 9A NORTH MIAMI FL 33181					
							DO NOT WRITE IN THIS SPACE		
							3. Date Incorporated or Qualified 05/19/1997		
2. Principal Place of Business			2a. Mailing Ad	2a. Mailing Address 26			4. FEI Number 04708300/	Applied For Not Applicable	
Suite, Apt. #, etc.			Suite, Apt.	Suite, Apt. #, etc.			5. Certificate of Status Desired \$8.75 Additional Fee Required		
City & State		City & Stat	City & State			6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees			
24	Zip	Country 25	Z (p [29]	30 Cou	intry		This corporation owes or has paid the cu     Personal Property Tax due June 30.	rrent year Intangible Yes No	
	9. Name and Address of Current Registered Agent						10. Name and Address of New Registered	Agent	
SAUNDERS, RODERICK H 1850 NE 142ND ST, APT 9A NORTH MIAMI FL 33181						81 Name  82 Street Address (P.O. Box Number is Not Acceptable)  83			
					84	City		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 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)  DATE												
12.	OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12									
TITLE		DELETE	1.1 TITLE		Change Addition							
NAME	SAUNDERS, RODERICK H	JULLETE	1.2 NAME		Change C Addition							
STREET ADDRESS	1850 NE 142ND ST, APT 9A		1.3 STREET ADDRESS									
CITY-ST-ZIP	NORTH MIAMI FL 33181		1.4 CITY-ST-ZiP									
TITLE	<del></del>	DELETE	2.1 TITLE		Change Addition							
NAME	`-		2.2 NAME									
STREET ADDRESS			2.3 STREET ADDRESS									
CITY-ST-ZIP			2.4 CITY-ST-ZIP									
TITLE		DELETE	3.1 TITLE		Change Addition							
NAME			3.2 NAME	700002	bb i4bi							
STREET ADDRESS			3.3 STREET ADDRESS	-10/07/984	U1U2U <b>U</b> 41 /							
CITY-ST-ZIP			3.4 CITY-\$1-ZIP	***550 <b>.00</b>								
TITLE	<u> </u>	DELETE	4.1 1(TLE		ange Addition							
NAME			4.2 NAME		1/0//							
STREET ADDRESS			4.3 STREET ADDRESS		411(1/0							
CITY-ST-ZIP			4.4 CITY-ST-ZIP		107							
TITLE		DELETE	5.1 TITLE		Change Addition							
NAME			5.2 NAME									
STREET ADDRESS			5.3 STREET ADDRESS									
CITY-ST-ZIP		··· ·· ·······························	5.4 CITY-ST-ZIP		, ,							
TITLE	<u> </u>	DELETE	6.1 TITLE		Change Addition							
NAME			6.2 NAME									
STREET ADDRESS			6.3 STREET ADDRESS									
CITY-ST-ZIP	with the information a multiplicity this films does not		6 4 CITY-ST-ZIP	ection 440 07/2Vi). Eterida Statutan II								

4. 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 supplemental 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 eceiver or trustee employeed 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 any attachment with an address.

SIGNATURE:

9/22/48

**FILED** 

Oct 06 1998 8:00am

Secretary of State