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

**PROFIT** CORPORATION **ANNUAL REPORT** 



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998 DOCUMENT #
1. Corporation Name

P97000052382 (3)

**FILED** 

Apr 21 1998 8:00am

Secretary of State

RADKII	NS INC.				
Principal Place	e of Business	Mailing Address			ilife tillan iliati inilê jiêt lêfi.
1530 39TH STREET		1530 39TH STREET			
WEST PALM BEACH FL 33407		WEST PALM BEACH FL	33407	DO NOT WRITE IN THIS	SPACE
1				3. Date Incorporated or Qualified	
				06/13/1997	j
	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		65-0774025	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State		O Firsting Occupation Francisco	
<del> </del>		28		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	7ip	Country	8. This corporation owes or has paid the co	
24	25	29	30	Personal Property Tax due June 30.	Yes No
	9. Name and Address of Curren	nt Registered Agent		10. Name and Address of New Registered	Agent
ADKINS, RICHARD S					
1530 <b>39</b> TH STREET			82 Street	Address (P.O. Box Number is Not Acceptable)	
WEST PALM BEACH FL 33407					
ļ			83		
1			84 City	F= 2	85 Zip Code
dd Dymanani	to the	20 CO7 4500 Fladda Ocalus		F	
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.					
agent. I a	m lamiliar with, and accept the oblig	ations of, Section 607,0505, Flo	orida Statutes.		
SIGNATURE	Signature typed or printed non-e-of-nigetimed age	ent and return that related the (NOT	E Registered Agent signature	required when reinstating) DATE	
12.	OFFICERS AN		13.	ADDITIONS/CHANGES TO OFFICERS AN	D DIBECTORS IN 12
TITLE	D	DELETE	1.1 HTLF	Ρ	Change Addition
NAME	ADKINS, RICHARD S		1.2 NAME	Adkins, Richard S	Į:
STREET ADDRESS	1530 39TH STREET		1.3 STREET ADDRESS	Adkins, Richard S 1530 3974 STREET West Palm Read FL 3	17/1/2
CITY-ST-ZIP	WEST PALM BEACH FL 334		1.4 CITY - S1 - ZIP	West Falm Beach FL 3	3907
TITLE		L DELETE	2.1 HILE		Change Addition
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		DELETE	2 4 CHY-S1-ZIP 31 HILE		Change Addition
NAME		L-J OULUE	3 PITTER 3 2 NAME		E3 sprende E3 vorition
STREET ADDRESS			3.2 NAME 3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY - ST - ZIP		
TITLE		DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CHY-S1-ZIP		
TITLE		DELFTE	5 1 1HLF		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 C/1Y - ST - Z/P		
TITLE		DELETE	6 1 7 MLE		Change Addition
NAME			6.2 NAMF		
STREET ADDRESS			. 6.3 STREET ADDRESS		
CITY OF TIP			£4 60 V 61 7/0		

14. 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 logal 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.