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

**CORPORATION** ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

**FILED** Feb 19 1998 8:00am Secretary of State

RTO HOMES, INC.	
Principal Place of Business Mailing Address	
6411-4 BAY CLUB DRIVE 6411-4 BAY CLUB DRIVE	
FT LAUDERDALE FL 33308 FT LAUDERDALE FL 33308	<b>)</b>
	DO NOT WRITE IN THIS SPACE
	3. Date Incorporated or Qualified 06/27/1997
2. Principal Place of Business 22. Mailing Address 21 6411 PAYCLB	Applied For Applicable
Suite, Apt. #, etc. 27 ## 4 27 ## 4 27	5. Certificate of Status Desired See Required Fee Required
City & State  City & State  28 FORT LAWRDALE	FC 6. Election Campaign Financing Trust Fund Contribution Added to Fees
24 33308 25 03 20 W 20 33308 30 CONTY	Personal Property Tax due June 30.  Yes No
9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
SERCHAY, ALLAN	Name
5310 NW 33RD AVE., #110	Street Address (P.O. Box Number is Not Acceptable)
FORT LAUDERDALE FL 33309	
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 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 Ag	pent signature required when reinslating)  DATE  ACCUSANCE AND DIFFERENCE AND DIFFEREN
12. OFFICERS AND DIRECTORS 13.  TITLE D DELETE 1.1 TITLE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  Change Addition
NAME HUBER, PETER 1.2 NAME	- · - I
PASS A DAY CLUD DONG	T ADDRESS
CITY-ST-ZIP FT LAUDERDALE FL 33308	
TITLE DELETE 2.1 TITLE	☐ Change ☐ Addition
NAME 22 NAME	
STREET ADDRESS 23 STREET	T ADDRESS
CITY-ST-ZIP 2.4 CITY-	
TITLE DELETE 3.1 TITLE	
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indicated on this annual report or supplied will this filling does not quality for the exemption stated in Section 119.0/(3/li), Florida Statutes. I further certify that the informatic 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 eath; 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 of an attachment with an address.