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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000064473 (6)

FILED May 05 1998 8:00am Secretary of State

RDR OAKLAND, INC. Principal Place of Business Mailing Address 12871 HYLAND CIR 12871 HYLAND CIR **BOCA RATON FL 33428 BOCA RATON FL 33428** DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 07/25/1997 2. Principal Place of Business 2a, Mailing Address Applied For 213100W. CARLAND PRB203100 W. CAKLAND REBUD. 65 Not Applicable uite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5, Certificate of Status Desired Fee Required City & State City & State \$5.00 May Be 6. Election Campaign Financing LAUDERDALE AKES a udekdall Trust Fund Contribution Added to Fees Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name SHAPIRO & DECTOR, P.A. 7777 GLADES ROAD **B2** Street Address (P.O. Box Number is Not Acceptable) SUITE 200 83 **BOCA RATON FL 33434** 84 City 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 apply, or both in the State of Florida Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. YOSEN JPRIL 28, 199 SIGNATURE (NOTE Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Change TITLE 1.1 TITLE ROSEN, RONALD D NAME 1 2 NAME 12871 HYLAND CIR STREET ADDRESS 1.3 STREET ADDRESS **BOCA RATON FL 33428** CITY-ST-ZIP 14 CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY - ST - ZIP DELETE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP TITLE DELETE 4.1 TITLE Change Addition 4 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS CITY ST ZIP 4.4 CITY-ST-ZIP DELETE Addition 5.1 TITLE Change TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 54 CITY-ST-ZIP DELETE Addition Change TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS **6.3 STREET ADDRESS** CITY-ST-ZIP 6.4 CITY-ST-ZIP

14. Thereby 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 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 application of the receiver of 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 application of the receiver of 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 application of the receiver of trustee empowered to execute this report as required by Chapter 607.

.....

and the same of th

Dove 26, 1998 96-486-7669

3PZE034 (10/97)