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

CORPORATION ANNUAL REPORT

1999

1. Corporation Name



DOCUMENT # **P97000064888**

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

PROFIT FLORIDA DEPARTMENT OF STATE

Apr 08, 1999 8:00 am Secretary of State 04-08-1999 90079 006 ***150.00

R.D.W. A	ASSOCIATES, INC.				
Principal Place	of Business	Mailing Address			111
6115 GALLEON WAY 6115 GALLEON WAY					
TAMPA FL 33615 TAMPA FL 33615					
				DO NOT WRITE IN THIS SPACE	
				3. Date Incorporated or Qualifed	Ì
	<u>-</u>			07/24/1997	
2. Principal Pl	lace of Business	2a. Mailing Address		4. FEI Number Applied For	
21		26		59-3498892 Not Applica	\neg
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired See Required	' [
22		City & State			\dashv
City & State	Bin the second of the second o	City & State		6. Election Campaign Financing \$5.00 May Be. Trust Fund Contribution Added to Fees	
23	Country	Zip	Country	This corporation owes the current year Intangible	
_	25		30	Personal Property Tax.	ļ
24	9. Name and Address of Current			10. Name and Address of New Registered Agent	
	J. Hallo allo y addios of California		81 Name		
JUN	g, william f esq		00 04	(D.O. Day N. Joseph Not Assessable)	
BLACK & JUNG, P.A.		82 Street Addi	ress (P.O. Box Number is Not Acceptable)		
100 SOUTH ASHLEY DRIVE #1240			83		
TAM	PA FL 33602				
			84 City	FL 85 Zip Code	}
agent. I a	m familiar with, and accept the obligat	t and title if applicable. (NOTE: F	12 Statutes.		2
12.	OFFICERS AN		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1	
TITLE	PTD	☐ DELETE	1.1 TITLE		310011
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STREET ADDRESS	6115 GALLEON WAY		1.3 STREET ADDRESS		ļ
CITY-ST-ZIP	TAMPA FL 33615	□ DELETE	1.4 CITY-ST-ZiP	Change ☐ Ad	dition
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14. 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 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 chapter 607 or on an attachment withen address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE: