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

PROFIT CORPORATION ANNUAL REPORT



Secretary of State

FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

FILED Jan 26 1998 8:00am

-	1998	N. S. W.	DIVISION OF CORPORATIONS					Secretary of State	
DOCUMENT # P9700067950 (0) RF SERVICES INC.									
Principal Place	of Busines	s	Mail	ing Address					F INDICATE OF THE STATE STATE BEING BOOKS ON THE STATE OF
14701 S BECH	1701 S BECKLEY SO								
DAVIE FL 333	25		DAV	/IE FL 33325					DO NOT WRITE IN THIS SPACE
									3. Date Incorporated or Qualified 08/04/1997
2. Principal Pl	ace of Busi	ness	2a. Mailing Address						4. FEI Number Applied For
21	26						× 65-0770921 Not Applicable		
Suite, Apt.	27	Suite, Apt. #, etc.					5. Certificate of Status Desired See Required Fee Required		
City & State		City & State					6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees		
Zip Country				Zip Cour					8. This corporation owes or has paid the current year Intangible
24	— i			29 30			•		Personal Property Tax due June 30. Yes No
	9. Name	and Address of Currer	ıt Registe	red Agent					10. Name and Address of New Registered Agent
	DINHO, M					81	N	ame	. , –
	701 S BEC					82	St	reet Addre	ess (P.O. Box Number is Not Acceptable)
DA					.				
				83	'}				
84 C							Ci	ty	FL 85 Zip Code
Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corpo office or registered agent, or both, in the State of Florida. Such change was authorized by the corporatio agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.									
office or re	egistered ag m familiar w	gent, or both, in the State ith, and accept the oblice	of Florida	Such chan Section 607.	ge was au 0505, Flor	⊔thorìzed b rida Statute	y the	corporati	ion's board of directors. I hereby accept the appointment as registered
SIGNATURE		,			,	-			•
	Signature, typec	or printed name of registered age			(NOTE.		ent sig	nature require	ed when reinstating) DATE
12.	DPVS	OFFICERS AN	D DIRECT	ORS DE	मन इ	13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition
NAME		IO, MARCIA D		<u></u> 0.		1.2 NAME		1	G Shange
STREET ADDRESS 14701 S BECKLEY SQ				.			T ADD	RESS	
CITY-ST-ZIP DAVIE FL 33325							ST-ZIE		
TITLE	T			☐ DE	LETE	2.1 TITLE			' Change Addition
NAME		io, marcia d				2.2 NAME		ļ	
STREET ADDRESS		BECKLEY SQ				2.3 STREET			
CITY-ST-ZIP	DAVIE	L 33325		DE	1070	2.4 CITY-	ST-ZI	<u> </u>	Change Addition
TITLE NAME					LEIE	3.1 TITLE 3.2 NAME			Change Addition
STREET ADDRESS						3.3 STREET		AFSS	
CITY-ST-ZIP						3.4, CITY-			
TITLE				☐ DE	LETE	4.1 TITLE			Change Addition
NAME						4. 2 NAME		Ì	,
STREET ADDRESS						4.3 STREE	T ADD	RESS	
CITY - ST - ZIP					i err	4.4 CITY - 9	ST-ZIF	<u> </u>	3 20
TITLE				☐ DE	LE IL	5.1 TITLE		İ	Change L Addition
NAME STREET ADDRESS						5.2 NAME 5.3 STREE		pecc	
CITY-ST-ZIP						5.3 STREE			
TITLE				DE	LETE	6.1 TITLE	1231		☐ Change ☐ Addition
NAME						6.2 NAME		1	
STREET ADDRESS						6.3 STREE	T ADDI	RESS	
CITY-ST-ZIP						6.4 CITY - :	ST-ZII	,	

14. I hereby certify that the information supplied with this filling 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 attachment with an address.

SIGNATURE: