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

FILED
May 14 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000085780

1. Corporation Name: RL Securities, INC.

Principal Place of Business: 162 ParkCrest Newport Coast, CA 92657

Mailing Address: P.O. Box 3188 Palm Beach, FL 33480

2. Principal Place of Business

21: 162 Park Crest
22 Suite, Apt. #, etc.:
23 City & State: NEWPORT COAST, CA
24 Zip: 92657
25 Country: USA

2a. Mailing Address

26: P.O. Box 3188
27 Suite, Apt. #, etc.:
28 City & State: PALM Beach, FL
29 Zip: 33480
30 Country: USA

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: October 2, 1997

4. FEI Number: 330009707 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30 ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

Grace Lechman
7831 Hawthorn DR.
PORT Richie, FL 34668

10. Name and Address of New Registered Agent

81 Name: Grace Lechman
82 Street Address (P.O. Box Number is Not Acceptable): 7831 Hawthorn DR.
83
84 City: Port Richie FL 85 Zip Code: 34668

11. Pursuant to the provisions of Sections 607.0502 and 617.0502, 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] DATE

12. OFFICERS AND DIRECTORS

TITLE	P/D	☐ DELETE
NAME	Robert A. Lechman	
STREET ADDRESS	162 Park Crest	
CITY-ST-ZIP	Newport Coast, CA 92657	
TITLE		☐ DELETE
NAME	Grace Lechman	
STREET ADDRESS	7831 Hawthorn DR.	
CITY-ST-ZIP	Port Richie, FL 34668	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP ☐ Change ☐ Addition

2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP ☐ Change ☐ Addition

3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP ☐ Change ☐ Addition

4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP ☐ Change ☐ Addition

5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP ☐ Change ☐ Addition

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***8.75

JY 5/14

6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP ☐ Change ☐ Addition

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***150.00

CR2E034 (10/97)

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 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: [signature] 4-28-98 800-564-

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR