SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999. AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT #

1. Corporation Name P97000085780

RL SECURITIES, INC.

Principal Place of Business	
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162 PARK CREST **NEWPORT COAST CA 92657**

2. Principal Place of Business

2100

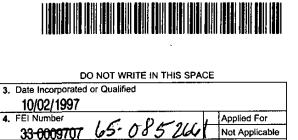
Mailing Address

PO BOX 3188

PALM BEACH FL 33480

FILED Sep 17, 1999 8:00 am Secretary of State

09-17-1999 90002 049 ***550.00



22 ST 1	00	27	Λ.	5. Certificate of Status Desired	Fee Required
City & State		28 PACH B	each, FL	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip 2 (151)	Country	8. This corporation owes the curr	· n n
24 9270		29 5540 30		Intangible Personal Property.	YesNo
	9. Name and Address of Current	Registered Agent	1041	10. Name and Address of New f	
LEC	HIMANI CDACE		81 Name N	ICK ANGU	161
LECHMAN, GRACE 7931 HAWTHORN DR PORT RICHIE FL 34668			82 Street Addr	ess (P.O. Box Number is Not Accepta	able)
			130) 1312421U	AN WAY
FUF	11 NICHIE FE 34000		83		\mathbf{O}
			84 City Pro	L Beach	FL 85 Zin Code yo
11. Pursuant	to the provisions of sections 607.0502	and 607.1508, Florida Statutes, th	e above-named corpo	ration submits this statement for the p	rpose of changing its registered
office or n	registered agent, or both, in the State of an Yarvillar with, and accept the obligat	of Florida. Such change was authorious of, section 607,0505. Florida	orized by the corporation Statutes.	on's board of directors. I hereby accep	of the appointment as registered
	The Control of				9-14-99
SIGNATURE _	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: F	Registered Agent signature requ		DATE
12.	OFFICERS AND	DIRECTORS	13.	ADDITIONS/CHANGES TO OF	FICERS AND DIRECTORS IN 12
TITLE	PD	DELETE	1.1 TITLE		Change Addition
NAME	LECHMAN, ROBERT A		1.2 NAME		ļ
STREET ADDRESS	162 PARK CREST		1.3 STREET ADDRESS		
CITY-ST-ZIP	NEWPORT COAST CA 92657		1.4 CITY-ST-ZIP		
TITLE	PD	DELETE	2.1 TITLE		Change Addition
NAME	LECHMAN, GRACE A		2.2 NAME		
STREET ADDRESS	7831 HAWTHORN DR		2.3 STREET ADDRESS		i
CITY-ST-ZIP	PORT RICHIE FL 34668		2.4 CITY-ST-ZIP		
TITLE		DELETE	3.1 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		}
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		DELETE	4.1 TITLE		Change Addition
NAME			4.2 NAME		+
STREET ADDRESS		1	4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME	•	
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZiP		
TITLE		DELETE	6.1 TITLE		Change Addition
NAME			6.2 NAME		,
STREET ADDRESS			6.3 STREET ADDRESS		1
CITY-ST-ZIP			6.4 CITY-ST-ZIP		
14. I hereby ce indicated o	ertify that the information supplied with the transfer annual report or supplemental a	his filing does not qualify for the ex nnual report is true and accurate	xemption stated in sec and that my signature	tion 119.07(3)(i), Florida Statutes. I fui shall have the same legal effect as if	made under oath; that I am

phowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears an officer or director of the corporation or the receiver in Block 12 or Block 13 if changed, or on an attachment

SIGNATURE: