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 # P97000092378 (3)

R. RANDALL, INC.

CITY-ST-ZIP

FILED Jun 02 1998 8:00am Secretary of State



Principal Place of Business Mailing Address 2418 CHANTILLY AVE POST OFFICE BOX 3254 WINTER PARK FL 32789 WINTER PARK FL 32790 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 10/28/1997 2. Principal Place of Business 2a. Mailing Address Applied For *59-3481702* 21 Not Applicable 26 Suite, Apt. #. etc Suile, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 Trust Fund Contribution Added to Fees 28 Zip Country Country Zg 8. This corporation owes or has paid the current year Intangible 30 Personal Property Tax due June 30. Yes 24 25 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name **AMERILAWYER** Roach 343 ALMERIA AVENUE Street Address (P.O. Box Number is Not Acceptable) 2418 Chartilly Avenue 82 CORAL GABLES FL 33134 AUENNE 83 84 32789 WINTER 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 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 ar Standfijes (NOTE Registered Agent signature required when reinstating) (10/97 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. PSTD DELETE Addition TITLE 1.1 TITLE ___ Change ROACH, REX R NAME 12 NAME **CR2E034** 2418 CHANTILLY AVE STREET ADDRESS 1.3 STREET ADDRESS WINTER PARK FL 32789 CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE Change Addition 2.1 TITLE TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 2. 4 CITY - ST - ZIP DELETE Change Addition TITLE 3.1 THILE NAME 3.2 NAME 3.3 STREET ADORESS STREET ADDRESS CITY-ST-ZIP 3 4. CITY - ST - ZIP DELETE Addition 4.1 TITLE Change TITLE 4, 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition 5.1 THEF TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY - \$1 - ZIP CITY-ST-ZIP DELETE Change Addition 61 TITLE TITLE NAME 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS

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 attachment with an address.

6.4 City - \$1 - 7(P