Apr 02, 1999 8:00 am Secretary of State

04-02-1999 90081 017 ***150.00

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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P98000043615

1. Corporation	RFIELD GROUP, INC.						
Principal Place of Business Mailing Address							
3409 26TH STREET WEST BRADENTON FL 34205 3409 26TH STREET WEST BRADENTON FL 34205							DO NOT WRITE IN THIS SPACE
ii							3. Date Incorporated or Qualifed 05/14/1998
			Mailing Address				4. FEI Number Applied For
21 26							65-0835727 Not Applicable
Suite, Apt. #, etc. 22			Suite, Apt. #, etc.				5. Certificate of Status Desired See Required
City & State			City & State				6. Election Campaign Financing - \$5.00 May Be Trust Fund Contribution Added to Fees
Zip	Country	[28]	Zip	Country			8. This corporation owes the current year Intangible
24	25	29	1' —	30			Personal Property Tax. Yes No
24	9. Name and Address of Current			<u> </u>			10. Name and Address of New Registered Agent
	3. Italiio and Addieso of Garion		81	1	Name		
CHASE, STEVEN J					┸		
240 S PINEAPPLE AVE			82 Street Add		Street Addre	ess (P.O. Box Number is Not Acceptable)	
10TH FLOOR			83				
SARASOTA FL 34236				63			
						City	FL 85 Zip Code
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							when reinstating) DATE
	Signature, typed or printed name of registered agent and title if applicable. (N OFFICERS AND DIRECTORS				ered Agent signature required when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS		
12.		DIREC	DELETE	1.1 TITLE			Change Addition
TITLE	D STEEFING THEODODE C		C) becere	1.2 NAME			
NAME	STEFFENS, THEODORE C ADDRESS 3409 26TH STREET WEST			1.3 STREET ADDRESS		DDDESO	•
			1.4 CITY-ST-ZIP				
CITY-ST-ZIP			☐ DELETE			ZIP	Change Addition
TITLE			- Derese	2.1 NAME			
NAME							
STREET ADDRESS			2.3 STREET ADDRESS				
CITY-ST-ZIP			☐ SELECTE	2. 4 CITY-		ZIP	☐ Change ☐ Addition
TITLE	,		DELETE	3.1 TITLE			- Counting Manager
NAME				3.2 NAME			
STREET ADDRESS				3.3 STREET ADDRESS			
CITY-ST-ZIP			DECETE	3.4. CITY-ST-ZIP		ZIP	☐ Change ☐ Addition
TTLÉ			☐ DELETE	4.1 TITLE			☐ Ottalige ☐ Addition
NAME				4. 2 NAME			
STREET ADDRESS				4.3 STREE	ET A	ADDRESS	

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 port 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 of the receiver of visite empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changer an anathement with an address, with all other like empowered.

4.4 CITY-ST-ZIP

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

☐ DELETE

DELETE

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

Addition

Addition

___ Change

☐ Change