

FILED
Feb 24, 1999 8:00 am
Secretary of State

02-24-1999 90022 008 ***150.00

| PROFIT CORPORATION ANNUAL REPORT 1999 | | FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|---------------------------------------------------------------------------------------------------|--|
| DOCUMENT # P98000058109 | | | |
| 1. Corporation Name GEORGE RADA, INC. | | | |
| Principal Place of Business 5881 N.W. 77 TERRACE PARKLAND FL 33067 | | Mailing Address 5881 N.W. 77 TERRACE PARKLAND FL 33067 | |
| 2. Principal Place of Business 21 935 SE 9 STREET Suite, Apt. #, etc. | | 2a. Mailing Address 26 P.O. BOX 8344 Suite, Apt. #, etc. | |
| 22 DEERFIELD BEACH, FL City & State | | 27 FORT LAUDERDALE, FL City & State | |
| 23 33311 Zip | | 28 33310 Zip | |
| 24 BROWARD Country | | 29 BROWARD Country | |
| 9. Name and Address of Current Registered Agent RADA, GEORGE 5881 N.W. 77 TERRACE P.O. BOX 8344 PARKLAND FL 33067 FT. LAUDERDALE, FL 33310 | | | |
| 10. Name and Address of New Registered Agent 81 Name GEORGE RADA 82 Street Address (P.O. Box Number is Not Acceptable) 2901 NW 47 TERR 83 Bldg. # 4 - APT. # 141 84 City LAUDERDALE LAKES, FL 85 Zip Code 33313 | | | |
| 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 GEORGE RADA DATE 4-3-99 | | | |
| 12. OFFICERS AND DIRECTORS | | | |
| TITLE | DP | <input type="checkbox"/> DELETE | |
| NAME | RADA, IRENE | | |
| STREET ADDRESS | 5881 N.W. 77 TERRACE | | |
| CITY-ST-ZIP | PARKLAND FL 33067 | | |
| TITLE | DST | <input type="checkbox"/> DELETE | |
| NAME | RADA, GEORGE | | |
| STREET ADDRESS | 5881 N.W. 77 TERRACE | | |
| CITY-ST-ZIP | PARKLAND FL 33067 | | |
| TITLE | | <input type="checkbox"/> DELETE | |
| NAME | | | |
| STREET ADDRESS | | | |
| CITY-ST-ZIP | | | |
| TITLE | | <input type="checkbox"/> DELETE | |
| NAME | | | |
| STREET ADDRESS | | | |
| CITY-ST-ZIP | | | |
| TITLE | | <input type="checkbox"/> DELETE | |
| NAME | | | |
| STREET ADDRESS | | | |
| CITY-ST-ZIP | | | |
| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | | |
| 1.1 TITLE | Bldg. # 4 APT. # 141 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | |
| 1.2 NAME | 2901 NW 47 TERR | | |
| 1.3 STREET ADDRESS | LAUDERDALE LAKES, FL. 33313 | | |
| 1.4 CITY-ST-ZIP | LAUDERDALE LAKES, FL. 33313 | | |
| 2.1 TITLE | Bldg. # 4 APT. # 141 | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| 2.2 NAME | 2901 NW 47 TERR | | |
| 2.3 STREET ADDRESS | LAUDERDALE LAKES, FL. 33313 | | |
| 2.4 CITY-ST-ZIP | LAUDERDALE LAKES, FL. 33313 | | |
| 3.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| 3.2 NAME | | | |
| 3.3 STREET ADDRESS | | | |
| 3.4 CITY-ST-ZIP | | | |
| 4.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| 4.2 NAME | | | |
| 4.3 STREET ADDRESS | | | |
| 4.4 CITY-ST-ZIP | | | |
| 5.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| 5.2 NAME | | | |
| 5.3 STREET ADDRESS | | | |
| 5.4 CITY-ST-ZIP | | | |
| 6.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| 6.2 NAME | | | |
| 6.3 STREET ADDRESS | | | |
| 6.4 CITY-ST-ZIP | | | |

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 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/98)