

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

**PROFIT
CORPORATION
ANNUAL REPORT
1995**



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

DOCUMENT # S10959 (2)

1. Corporation Name

RLD THREE, INC.

FILED

1995 JUL 20 AM 10:18

TALLAHASSEE, FLORIDA

Principal Place of Business
**1700 E. LAS OLAS
 SUITE 100
 FT LAUDERDALE FL 33301
 US**

Mailing Address
**1700 E. LAS OLAS
 SUITE 100
 FT LAUDERDALE FL 33301
 US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 11/06/1990	3a. Date of Last Report 05/01/1994
4. FEI Number 65-0225696	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
6. Election Campaign Financing ☐	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent
**DEVINE, RALPH L.
 1700 E. LAS OLAS
 SUITE 100
 FT LAUDERDALE FL 33301**

10. Name and Address of New Registered Agent	
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	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 _____ DATE _____
Separate list of previous names of registered agent and date of registration. (NOTE: Registered Agent signature required when re-registering)

12. OFFICERS AND DIRECTORS		13. ADDITIONAL OFFICERS AND DIRECTORS	
TITLE	PTD	11 TITLE	☐ Change ☐ Addition
NAME	DEVINE, RALPH	12 NAME	
STREET ADDRESS	1700 E. LAS OLAS #100	13 STREET ADDRESS	
CITY, ST, ZIP	FT LAUDERDALE FL 33301	14 CITY, ST, ZIP	
TITLE	VSD	21 TITLE	☐ Change ☐ Addition
NAME	PATTERSON, BARRY	22 NAME	
STREET ADDRESS	1700 E. LAS OLAS #100	23 STREET ADDRESS	
CITY, ST, ZIP	FT LAUDERDALE FL 33301	24 CITY, ST, ZIP	
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY, ST, ZIP		34 CITY, ST, ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY, ST, ZIP		44 CITY, ST, ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY, ST, ZIP		54 CITY, ST, ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY, ST, ZIP		64 CITY, ST, ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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.

SIGNATURE: Barry G. Patterson 7/12/95 305-463-7900
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (3/95)