

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

FILED
May 04 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # S10959 (2)
1. Corporation Name
RLD THREE, INC.



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

| | | | | | |
|--|--|---|--|---|--|
| 2. Principal Place of Business 21 351 S Cypress Rd. Suite, Apt. #, etc. 22 Suite 400 City & State 23 Pompano Beach FL Zip 24 33060 Country 25 DELOANUS | | 26. Mailing Address 26 351 S Cypress Rd. Suite, Apt. #, etc. 27 Suite 400 City & State 28 Pompano Beach FL Zip 29 33060 Country 30 DELOANUS | | 3. Date Incorporated or Qualified 11/06/1990 | |
| | | 4. FEI Number 65-0225696 | | Applied For Not Applicable | |
| | | 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |
| | | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| | | 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |

| | | | |
|--|--|---|--|
| 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 85 Zip Code | |
| | | RALPH L. DEVINE 351 S CYPRESS ROAD SUITE 400 POMPANO BEACH FL 33060 | |

11. Pursuant to the provisions of Sections 607.01-02 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|------------------------|---|------------------------|
| TITLE | DEVINE, RALPH | 1.1 TITLE | DEVINE, RALPH |
| NAME | DEVINE, RALPH | 1.2 NAME | DEVINE, RALPH |
| STREET ADDRESS | 1700 E. LAS OLAS #100 | 1.3 STREET ADDRESS | 351 S CYPRESS RD |
| CITY-ST-ZIP | FT LAUDERDALE FL 33301 | 1.4 CITY-ST-ZIP | POMPANO BEACH FL 33060 |
| TITLE | | 2.1 TITLE | |
| NAME | | 2.2 NAME | |
| STREET ADDRESS | | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 2.4 CITY-ST-ZIP | |
| TITLE | | 3.1 TITLE | |
| NAME | | 3.2 NAME | |
| STREET ADDRESS | | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 3.4 CITY-ST-ZIP | |
| TITLE | | 4.1 TITLE | |
| NAME | | 4.2 NAME | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | |
| TITLE | | 5.1 TITLE | |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | | 6.1 TITLE | |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 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.

SIGNATURE _____

CR2E034 (10/97)