

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
Aug 07 1997 8:00am
Secretary of State

DOCUMENT # S11421 (2)
1. Corporation Name
RSDI ENVIRONMENTAL INC.



Principal Place of Business
7820 ARLINGTON EXPRESSWAY
SUITE 600-B
JACKSONVILLE FL 32211

Mailing Address
7820 ARLINGTON EXPRESSWAY
SUITE 600-B
JACKSONVILLE FL 32211

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 7820 ARLINGTON EXPRESSWAY SUITE 600-B JACKSONVILLE FL 32211		2a. Mailing Address 26 7820 ARLINGTON EXPRESSWAY SUITE 600-B JACKSONVILLE FL 32211		3. Date Incorporated or Qualified 11/07/1990	3a. Date of Last Report 05/01/1996
22 3167 St. Johns Bluff Rd. S. #106 City & State Jacksonville FL		27 3167 St. Johns Bluff Rd. S. #106 City & State Jacksonville FL		4. FEI Number 59-3035351	Applied For Not Applicable
23 32246-4158 Zip		29 32246-4158 Zip		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
24 32246-4158 Country USA		30 32246-4158 Country USA		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
25 32246-4158 Country USA		31 32246-4158 Country USA		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

QUESADA, A. AUGUST, JR.
78 SOUTH LAURA STREET
SUITE 2100 JACKSONVILLE CENTER
JACKSONVILLE FL 32211

10. Name and Address of New Registered Agent

81 Name Quesada, A. August, Jr.
82 Street Address (P.O. Box Number is Not Acceptable)
200 W. Forsyth Street
83 Suite 800
84 City Jacksonville FL 85 Zip Code 32202

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	
NAME	OWETE, OWETE S., DR.	1.2 NAME	
STREET ADDRESS	3902 COVE ST JOHNS RD	1.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	1.4 CITY-ST-ZIP	
TITLE	ST	2.1 TITLE	
NAME	OWETE, DERBRA	2.2 NAME	
STREET ADDRESS	3902 COVE ST JOHNS RD	2.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	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 do 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: [Signature] DEBRA B. OWETE 7/15/94 (904) 620-0833

CR2E034 (4/97)