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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # S60673

(8)

RADI-ADDS, INC.

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FILED
Jan 29 1997 8:00am
Secretary of State



3902 BURNS RD SUTIE 15 PALM BEACH GARDENS FL 33410 US				3902 BURNS RD SUITE 15 PALM BEACH GARDENS FL 33410-4217										
				US					3. Date Incorporated or Qualified 06/17/1991 3a. Date of Last Report 04/16/1996					
¬ ' ' ⊦			-	2a. Mailing Address					4. FEI Number 65-0279789			Applied For		
Suite, Apt. #, etc.			26											
			27	Suite, Apt. #, etc.					5. Certificate of Status Desired		\$8.75 Additional Fee Required			
City & State			15	City & State					6. Election Campaign Financing		\$5.00 May Be			
			28						Trust Fund Contribution					
Zip 24	25	Country Zip 25			3(f		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No					
		d Address of Current		stered Agent					10. Name and Address of New	Registered	Agent			
	SS, ZELDA					81	N	Name	The state of the s			•		
11 SELBY LN PALM BEACH GARDENS FL 33418						82	5	Street Add	ress (P.O. Box Number is Not Accep	table)				
PAL	LM DEACH GA	MUCNO FL 334 10				83	<u> </u>							
						84	-	Dity			85	Zip (Code	
44 5							L			F <u>[</u>	. I			
office or r	to the provisions registered agent	s of Sections 607,0502 , or both, in the State c and accept the obligat	and E f Flori	307.1508, Flor ida. Such cha	rida Statutes irige was aut	, the above horized by	e-n y th	iamed corj ie corpora	poration submits this statement for the tion's board of directors. I hereby ac	e purpose o cept the ap	ot chan pointm	ging it ent as	s registerea registered	
	ari iamiliar with, i	and accept the onligat	IOHS O	л, зесноп оол	7.0505, FIORIC	aa atature:	S .							
SIGNATURE	Signature, typed or p	nated name of registered agent	and title	a d applicable	(NOTE: F	kigislered Agi	ent s	ignature requi	red when reinstating)	DATE	****			
12.	T 88	OFFICERS AND	DIRE			13.			ADDITIONS/CHANGES TO OF	FICERS AN				
TITLE	PD ROSS, ZELL	n A		L [DELETE	1.1 TITLE					c	nange	Addition	
NAME	11 SELBY L					1.2 NAME		İ						
STREET ADDRESS CITY-ST-ZIP		GARDENS FL				1.3 STREET		1						
TITLE	D				DELETE	1.4 CHY-S	1 - 7	117			C	hange	Addition	
NAME	ROSS, ALAI	N				2.2 NAME					L., V	.cgc	1,00,000	
STREET ADDRESS	11 SELBY L					2.3 STREET	ADI	DRISS						
CITY-ST-ZIP	PALM BCH.	GARDENS FL				2. 4 CITY-1								
TITLE	D			X (DELETE	3.1 TITLE		D			XC	nange	Addition	
NAME	PETERSEN,			•		3.2 NAME		p_i	ETERSEN SHARO	N	. •			
STREET ADDRESS	1100-70=9					3 3 STREET	ADI	DRESS 🗘	ETERSEN, SHARC 5 HOLLY ROAD EADING MA					
CITY-ST-ZIP	LYNNFIELD	MA				3 4. CITY-	S1 - 2	ZIP A	EHDING MA	0186	1			
TITLE				☐ E	DELETE	4.1 TITLE					☐ C	hange	Addition	
NAME	1					4. 2 NAME		J						
STREET ADDRESS						4.3 STREET		1					ì	
CITY-ST-ZIP					NI I TI	4.4 CITY - S	5T - Z	'IP			TT ~		T core	
TITLE					DELETE	51 TITLE					[nange	Addition	
NÁME	l					5.2 NAME								
STREET ADDRESS						5.3 STREET								
CITY-ST-ZIP	 				DELETE	5.4 CITY - S	1-7	TP			ΩС	hance	Addition	
TITLE				_ L	ALL L	6.1 TITLE						ange	☐ Addition	
NAME OVERTY ADDRESS	ļ					6.2 NAME		pproc						
STREET ADDRESS	1					6.3 STREET		i						
CITY-ST-ZIP	1					6.4 CHY- 9	51 - Z	1P						

I do hereby certify that the information supplied with this filing doos 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 trusted 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 attagment with an address.

PRES.

GNATURE.