


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

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Mar 04, 1999 8:00 am
Secretary of State

03-04-1999 90115 049 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **F98000003505**

1. Corporation Name
RSI HOME PRODUCTS SALES, INC.



Principal Place of Business: 620 NEWPORT CENTER DRIVE, SUITE 850, NEWPORT BEACH CA 92660
 Mailing Address: 620 NEWPORT CENTER DRIVE, SUITE 850, NEWPORT BEACH CA 92660

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified: **06/19/1998**

4. FEI Number: **33-0807486** 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 owes the current year Intangible Personal Property Tax: Yes No

9. Name and Address of Current Registered Agent: **C T CORPORATION SYSTEM, 1200 SOUTH PINE ISLAND ROAD, PLANTATION FL 33324**

10. Name and Address of New Registered Agent: **81 Name: JOHN CLARK, 82 Street Address: 620 NEWPORT CENTER DRIVE #850, 83, 84 City: NEWPORT BEACH, FL 85 Zip Code: 92660**

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CEOD	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SIMON, RONALD M	1.2 NAME	JOHN CLARK
STREET ADDRESS	620 NEWPORT CENTER DRIVE, SUITE 850	1.3 STREET ADDRESS	620 NEWPORT CENTER DRIVE #850
CITY-ST-ZIP	NEWPORT BEACH CA 92660	1.4 CITY-ST-ZIP	NEWPORT BEACH, CA 92660
TITLE	PCOO	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CALABRESE, ALEX	2.2 NAME	
STREET ADDRESS	620 NEWPORT CENTER DRIVE, SUITE 850	2.3 STREET ADDRESS	
CITY-ST-ZIP	NEWPORT BEACH CA 92660	2.4 CITY-ST-ZIP	
TITLE	CFOS	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KRINSKY, NORTON	3.2 NAME	
STREET ADDRESS	620 NEWPORT CENTER DRIVE, SUITE 850	3.3 STREET ADDRESS	
CITY-ST-ZIP	NEWPORT BEACH CA 92660	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KITAY, HAROLD	4.2 NAME	
STREET ADDRESS	620 NEWPORT CENTER DRIVE, SUITE 850	4.3 STREET ADDRESS	
CITY-ST-ZIP	NEWPORT BEACH CA 92660	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MEGRUE, JOHN	5.2 NAME	
STREET ADDRESS	620 NEWPORT CENTER DRIVE, SUITE 850	5.3 STREET ADDRESS	
CITY-ST-ZIP	NEWPORT BEACH CA 92660	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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, with all other like empowered.

SIGNATURE: Norton Krinsky **NORTON KRINSKY** 2/5/99 949-720-1116
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/198)