

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **H51236** (8)

1. Corporation Name  
**R&S LURE CO., INC.**



Principal Place of Business: **2315 SW 58TH AVE. HOLLYWOOD FL 33023**  
Mailing Address: **2315 SW 58TH AVE. HOLLYWOOD FL 33023**

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

3. Date Incorporated or Qualified	3a. Date of Last Report
<b>04/09/1985</b>	<b>05/01/1995</b>
4. FEI Number	Applied For
<b>59-2518483</b>	Not Applicable
5. Certificate of Status Desired	<b>\$8.75 Additional Fee Required</b>
<input type="checkbox"/>	
6. Election Campaign Financing Trust Fund Contribution	<b>\$5.00 May Be Added to Fees</b>
<input type="checkbox"/>	
8. This corporation has liability for intangible tax under s. 199.032 Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
<b>PORTER, POWELL</b> <b>2315 S.W. 58TH AVENUE</b> <b>HOLLYWOOD FL 33023</b>		81	Name
		82	Street Address (P.O. Box Number is Not Acceptable)
		83	City
		84	City
		FL	85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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 607.0506, Florida Statutes.

SIGNATURE		DATE	
OFFICERS AND DIRECTORS		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
12. DP PORTER, POWELL 14929 N.W. 7TH AVENUE MIAMI FL	<input type="checkbox"/> DELETE	13. 11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
DT PORTER, KELLY 14929 NW 7TH AVE MIAMI FL	<input type="checkbox"/> DELETE	12 NAME	
DS PORTER, LORI 14929 N.W. 7 AVE MIAMI FL	<input type="checkbox"/> DELETE	13 STREET ADDRESS	
		14 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		22 NAME	
		23 STREET ADDRESS	
		24 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		32 NAME	
		33 STREET ADDRESS	
		34 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		42 NAME	
		43 STREET ADDRESS	
		44 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		52 NAME	
		53 STREET ADDRESS	
		54 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		62 NAME	
		63 STREET ADDRESS	
		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 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplementary 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]* **POWELL PORTER**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Date: **2/17/96**  
Office Phone: **305-983-7332**

CR2E034 (12/95)