

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT CORPORATION
 ANNUAL REPORT
 1996



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

DOCUMENT # P94000019328 (1)
 1. Corporation Name

REHL PUBLISHING, INC.



Principal Place of Business 4923 SW 27TH AVE FT LAUDERDALE FL 33312-6027	Mailing Address PO BOX 464 DANIA FL 33004	3. Date Incorporated or Qualified 03/09/1994	3a. Date of Last Report 05/01/1995
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2. Principal Place of Business 21 6441 FUNSTON ST Suite, Apt. #, etc 22 Hollywood FL City & State 23 Zip 33023 Country 24	2a. Mailing Address 26 Suite, Apt. #, etc 27 City & State 28 Zip Country 29 30	4. FEI Number 65-0471398 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 has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No
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9. Name and Address of Current Registered Agent LEATHERMAN, EVAN 46 SW 1ST AVENUE STE. 9 DANIA FL 33004	10. Name and Address of New Registered Agent 81 Name EVAN LEATHERMAN 82 Street Address (P.O. Box Number is Not Acceptable) 6441 FUNSTON STREET 83 Hollywood 84 City FL 85 Zip Code 33023
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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. Thereby 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	PD LEATHERMAN, EVAN 46 S.W. 1ST AVENUE, SUITE 9 DANIA FL 33004	11 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		12 NAME	
STREET ADDRESS		13 STREET ADDRESS	6441 FUNSTON STREET
CITY - ST - ZIP		14 CITY - ST - ZIP	Hollywood, FL 33023
TITLE		21 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		22 NAME	VTD JOHN CHAMBERLAIN
STREET ADDRESS		23 STREET ADDRESS	6441 FUNSTON ST
CITY - ST - ZIP		24 CITY - ST - ZIP	Hollywood, FL 33023
TITLE		31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY - ST - ZIP		34 CITY - ST - ZIP	
TITLE		41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY - ST - ZIP		44 CITY - ST - ZIP	
TITLE		51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY - ST - ZIP		54 CITY - ST - ZIP	
TITLE		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY - ST - ZIP		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 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Evil Leatherman* 1/1/96 954-962-1303
 EVAN LEATHERMAN
 DATE: _____ OFFICE PHONE: _____

CR2E034 (3/96)