

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

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **210652 (4)**
1. Corporation Name
REX THREE, INC.



Principal Place of Business
**15431 SW 14TH STREET
SUNRISE FL 33326-8964**

Mailing Address
**15431 SW 14TH STREET
SUNRISE FL 33326-8964**

3. Date Incorporated or Qualified **03/19/1958** 3a. Date of Last Report **03/03/1995**

2. Principal Place of Business
21 **Rex Three, Inc.**
Suite, Apt. #, etc. **15431 SW 14th Street**
City & State **Sunrise, FL**
Zip **33326-** Country
1937 25 **Broward**

2a. Mailing Address
26 **Rex Three, Inc.**
Suite, Apt. #, etc. **15431 SW 14th Street**
City & State **Sunrise, FL**
Zip **33326-1937** 30 **Broward**

4. FEI Number **59-0859951** Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
**MILLER, STEPHEN H.
15431 SW 14TH STREET
SUNRISE, 33261**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City

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 _____ (Type or print name of registered agent and the applicable date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P MILLER, STEPHEN H. 15431 SW 14TH STREET SUNRISE, FL 333261964	1. 1 TITLE 2. 2 NAME 3. 3 STREET ADDRESS 4. 4 CITY - ST - ZIP
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE	5. 5 TITLE 6. 6 NAME 7. 7 STREET ADDRESS 8. 8 CITY - ST - ZIP
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE	9. 9 TITLE 10. 10 NAME 11. 11 STREET ADDRESS 12. 12 CITY - ST - ZIP
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE	13. 13 TITLE 14. 14 NAME 15. 15 STREET ADDRESS 16. 16 CITY - ST - ZIP
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE	17. 17 TITLE 18. 18 NAME 19. 19 STREET ADDRESS 20. 20 CITY - ST - ZIP
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE	21. 21 TITLE 22. 22 NAME 23. 23 STREET ADDRESS 24. 24 CITY - ST - ZIP
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE	25. 25 TITLE 26. 26 NAME 27. 27 STREET ADDRESS 28. 28 CITY - ST - ZIP
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE	29. 29 TITLE 30. 30 NAME 31. 31 STREET ADDRESS 32. 32 CITY - ST - ZIP

1. 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. 2 NAME	
3. 3 STREET ADDRESS	
4. 4 CITY - ST - ZIP	Sunrise, FL 33326-1937
5. 5 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6. 6 NAME	Chairman of the Board
7. 7 STREET ADDRESS	Julius Miller
8. 8 CITY - ST - ZIP	15432 SW 14th Street
9. 9 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
10. 10 NAME	Howard Shusterman
11. 11 STREET ADDRESS	15431 SW 14th Street
12. 12 CITY - ST - ZIP	Sunrise, FL 33326-1937
13. 13 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
14. 14 NAME	Chief Financial Officer
15. 15 STREET ADDRESS	Melvin Goldstein
16. 16 CITY - ST - ZIP	15431 SW 14th Street
17. 17 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
18. 18 NAME	Treasurer
19. 19 STREET ADDRESS	Eleanor Miller
20. 20 CITY - ST - ZIP	15431 SW 14th Street
21. 21 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
22. 22 NAME	Vice President
23. 23 STREET ADDRESS	Bruce Nasher
24. 24 CITY - ST - ZIP	15431 SW 14th Street
25. 25 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
26. 26 NAME	Vice President
27. 27 STREET ADDRESS	Bruce Nasher
28. 28 CITY - ST - ZIP	15431 SW 14th Street
29. 29 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
30. 30 NAME	Vice President
31. 31 STREET ADDRESS	Bruce Nasher
32. 32 CITY - ST - ZIP	15431 SW 14th Street

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 in 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, unchanged, in my attachment with an address.

SIGNATURE: _____
DATE: **2/27/1996 (305) 462-8301**

CR2E034 (12/95)