

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **495425** (1)

1. Corporation Name
R. T. EVANS, INC.



Principal Place of Business: **260 NE 42 CRT FT. LAUDERDALE FL 33334**
Mailing Address: **260 NE 42 CRT FT. LAUDERDALE FL 33334**

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 05/11/1976	3a. Date of Last Report 03/01/1995
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number 59-1673268	Applied For <input type="checkbox"/> Not Applicable
22. City & State	27. City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24. Country	29. Country	30. Country	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	
EVANS, TIMOTHY 4740 E HEMINGWAY CIRCLE MARGATE FL 33063		(NEW ADDRESS) 9620 NW 23rd Coral Springs Florida 33065	
81. Name	82. Street Address (P.O. Box Number is Not Acceptable)	83.	84. City
			FL 85. Zip Code

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: P	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: BARCLAY, LINDA		1.2 NAME	
STREET ADDRESS: 260 NE 42ND COURT		1.3 STREET ADDRESS	
CITY-ST-ZIP: FT. LAUDERDALE FL		1.4 CITY-ST-ZIP	
TITLE: VP	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: MELHUS, LEONARD		2.2 NAME	
STREET ADDRESS: 260 NE 42ND COURT		2.3 STREET ADDRESS	
CITY-ST-ZIP: FT. LAUDERDALE FL		2.4 CITY-ST-ZIP	
TITLE: SD	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: EVANS, TIMOTHY		3.2 NAME	
STREET ADDRESS: 4740 E HEMINGWAY CIRCLE		3.3 STREET ADDRESS	
CITY-ST-ZIP: MARGATE FL		3.4 CITY-ST-ZIP	
TITLE: _____	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: _____		4.2 NAME	
STREET ADDRESS: _____		4.3 STREET ADDRESS	
CITY-ST-ZIP: _____		4.4 CITY-ST-ZIP	
TITLE: _____	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: _____		5.2 NAME	
STREET ADDRESS: _____		5.3 STREET ADDRESS	
CITY-ST-ZIP: _____		5.4 CITY-ST-ZIP	
TITLE: _____	<input type="checkbox"/> DELETE	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 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 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]* DATE: **2/20/96** DAY/TIME PHONE #: **954-566-5296**

CR2E034 (12/95)