


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

FILED  
Feb 25 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **595830** (1)  
1. Corporation Name  
**RUSSELL BUILDING SALES, INC.**

Principal Place of Business <b>7150 N.W. 77TH TERRACE MIAMI FL 33166</b>	Mailing Address <b>7150 N.W. 77TH TERRACE MIAMI FL 33166</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>11/30/1978</b>	
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number <b>59-1861892</b>		Applied For Not Applicable	
22 City & State	27 City & State	5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
23 Zip	28 Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
24 Country	25 Country	29 Country		30 Country	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	

**KLEPPINGER, KEITH R.  
7150 NW 77 TERRACE  
MIAMI FL 33166**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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	NAME	1.1 TITLE	1.2 NAME
STREET ADDRESS	1.3 STREET ADDRESS	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP
CITY-ST-ZIP	1.4 CITY-ST-ZIP	2.1 TITLE	2.2 NAME
	2.3 STREET ADDRESS	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP
	3.1 TITLE	3.1 TITLE	3.2 NAME
	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP
	4.1 TITLE	4.1 TITLE	4.2 NAME
	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP
	5.1 TITLE	5.1 TITLE	5.2 NAME
	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP
	6.1 TITLE	6.1 TITLE	6.2 NAME
	6.2 NAME	6.3 STREET ADDRESS	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.

SIGNATURE: *Janice Kleppinger* **JANICE KLEPPINGER** 2/20/98 (305) 685-1770

CR2E034 (10/97)