

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

**1. Corporation Name**  
**RAND-RUSS CORP.**

Principal Place of Business	Mailing Address
7565 NINTEC DR N WEST PALM BEACH FL 33406 US	7565 NEMEC DR N WEST PALM BEACH FL 33406 US



21	26
Suite, Apt #, etc	Suite, Apt #, etc

22	City & State	27	City & State
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23	Zip	Country	28	Zip
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9. Name and Address of Current Registered Agent

4. FEI Number	Applied For
59-1968945	Not Applicable

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

**6. Election Campaign Financing** ☐ **\$5.00** May Be  
Trust Fund Contribution 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**

**10. Name and Address of New Registered Agent**

ROSS, HOWARD  
2423 SOUTH CONGRESS AVENUE  
WEST PALM BEACH FL

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 Howard D Ross  
Signature, typed or printed name of registered agent and title (if applicable)

President  
(NOTE: Registered Agent signature required when termination)

7/24/96

12. OFFICERS AND DIRECTORS

## OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input type="checkbox"/> DELETE
NAME	ROSS, HOWARD	
STREET ADDRESS	7565 NEMEC DR. NO.	
CITY - ST - ZIP	LAKE CLARK SHORES FL	

TITLE	SD	<input type="checkbox"/> DELETE
NAME	ROSS, SYDNEY S	
STREET ADDRESS	7565 NEMEC DR. NO.	
CITY - ST - ZIP	LAKE CLARK SHORES FL	

TITLE	TD	<input type="checkbox"/> DELETE
NAME	SMILOWITZ, MILDRED	
STREET ADDRESS	4165 PINE AIRE DR.	
CITY - ST - ZIP	LAKE WORTH FL	

TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
1. TITLE		Change	Addition

12 NAME \_\_\_\_\_

13 STREET ADDRESS \_\_\_\_\_

14 CITY - ST - ZIP \_\_\_\_\_

2 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2 2 NAME	
2 3 STREET ADDRESS	
2 4 CITY - ST - ZIP	

31	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
32	NAME		
33	STREET ADDRESS		
34	CITY - ST - ZIP		

34	CITY - ST - ZIP		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
41	TITLE			
42	NAME			
43	STREET ADDRESS			
44	CITY - ST - ZIP			

440	SF-2B
517	
52N	
53S	T ADDRESS
54C	SF-2B

61 TR	<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 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: Howard P. Boas  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/24/96

## Future Prospects

CR2E034 (3/96)