

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **F02312** (9)

1. Corporation Name
R.S. CUSTER INC.



Principal Place of Business
**1013 S.E. 9TH STREET
FT. LAUDERDALE FL 33316**

Mailing Address
**1013 S.E. 9TH STREET
FT. LAUDERDALE FL 33316**

2. Principal Place of Business		2a. Mailing Address	
21	26	Suite, Apt. #, etc.	
22	27	City & State	
23	28	Zip	
24	25	Country	
29	30	Country	

3. Date Incorporated or Qualified 10/20/1980	3a. Date of Last Report 03/31/1995
4. FEI Number 59-2042004	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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**HULL, FLOYD V., JR.
1040 BAYVIEW DRIVE
FT. LAUDERDALE FL 33304**

10. Name and Address of New Registered Agent

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

Signature of Officer or Director

Date of Filing

Date

12. OFFICERS AND DIRECTORS		
TITLE	VD CUSTER, RICHARD S., SR. 1550 SW 23RD AVEN FT. LAUDERDALE FL	<input type="checkbox"/> DELETE
NAME	SD CUSTER, MARGARET M. 1013 S.E. 9TH ST. FT. LAUDERDALE FL	<input type="checkbox"/> DELETE
STREET ADDRESS	TD CUSTER, DEBORAH A RT 5 BOX 2140 (TRICE LANE) CRAWFORDVILLE FL	<input type="checkbox"/> DELETE
CITY- ST- ZIP		<input type="checkbox"/> DELETE
CITY- ST- ZIP		<input type="checkbox"/> DELETE
CITY- ST- ZIP		<input type="checkbox"/> DELETE
CITY- ST- ZIP		<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
11 TITLE	PD Custer, Richard S., Sr. 1013 S.E. 9th St FT. Lauderdale, FL 33316	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	VD Custer, Richard S. JR. 1550 S.W. 23rd Ave FT. Lauderdale, FL 33312	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13 STREET ADDRESS		<input type="checkbox"/> Change <input type="checkbox"/> Addition
14 CITY- ST- ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
21 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
23 STREET ADDRESS		<input type="checkbox"/> Change <input type="checkbox"/> Addition
24 CITY- ST- ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
33 STREET ADDRESS		<input type="checkbox"/> Change <input type="checkbox"/> Addition
34 CITY- ST- ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
43 STREET ADDRESS		<input type="checkbox"/> Change <input type="checkbox"/> Addition
44 CITY- ST- ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
53 STREET ADDRESS		<input type="checkbox"/> Change <input type="checkbox"/> Addition
54 CITY- ST- ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
63 STREET ADDRESS		<input type="checkbox"/> Change <input type="checkbox"/> Addition
64 CITY- ST- ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 Book 12 or Book 13 if changed, or on an attachment with an address.

SIGNATURE: *Margaret M. Custer* MARGARET M. CUSTER 3/26/96 522-0432
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Typed Name #)

CR2E034 (12/95)