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CORPORATION ANNUAL REPORT
1995

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

DOCUMENT # F92306 (2)

1. Corporation Name
R.S.L. ENTEPRISES, INC.

FILED

Principal Place of Business	Mailing Address
% STANLEY LEVINE 575 EAST SAMPLE ROAD POMPANO BEACH FL 33064	% STANLEY LEVINE 575 EAST SAMPLE ROAD POMPANO BEACH FL 33064

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 07/19/1982
3a. Date of Last Report: 01/25/1994

2. Principal Place of Business
21: C/O BRIAN LEVINE
22 Suite, Apt. #, etc.:
23 City & State: POMPANO BCH, FL
24 Zip: 33065
25 Country:

2a. Mailing Address
26: C/O BRIAN LEVINE 575 EAST SAMPLE ROAD
27 Suite, Apt. #, etc.:
28 City & State: POMPANO BCH, FL
29 Zip: 33065
30 Country:

4. FEI Number: 59-2205669 ☐ 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

LEVINE, STANLEY
575 EAST SAMPLE ROAD
POMPANO BEACH FL 33064

10. Name and Address of New Registered Agent

81 Name: BRIAN LEVINE
82 Street Address (P.O. Box Number is Not Acceptable): 575 EAST SAMPLE ROAD
83
84 City: POMPANO BCH. FL 85 Zip Code: 33064

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: X Brian Levine — BRIAN LEVINE — 1/24/95 X Brian Levine
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	☐ Change ☐ Addition
NAME	LEVINE, RAE	1.2 NAME	
STREET ADDRESS	2464 EPISA AVE.	1.3 STREET ADDRESS	
CITY-ST-ZIP	COCONUT CREEK FL	1.4 CITY-ST-ZIP	
TITLE	PD	2.1 TITLE	☐ Change ☐ Addition
NAME	LEVINE, BRIAN	2.2 NAME	
STREET ADDRESS	8750 ROYAL PALM BLVD #118	2.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL SPRINGS FL	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I/We 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)(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: X Brian Levine — X 1/11/95 — 305-943-3041
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0107440 CP