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

PROFIT CORPORATION ANNUAL REPORT



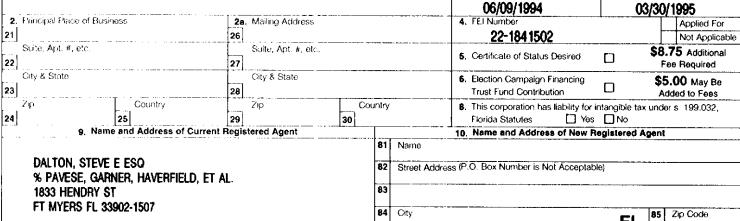
FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS

1996 DOCLIMENT #

EDADDODODO (D)

1. Corporation Name	V • V				
R & H PROPERTIES OF LEE COUNTY, INC.					

Principal Place of Business Mailing Address 60 MONMOUTH PARK HWY 60 MONMOUTH PARK HWY WEST LONG BRANCH NJ 07764 WEST LONG BRANCH NJ 07764 2. Principal Place of Business 2a. Mailing Address



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: Sprint in typed or proted name of registered agent and tile if a pluster. (NOTE Registered Agent signature required when renstating). DATE				
12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TRUE	CP DELETE	1 1 TITLE	☐ Change ☐ Addition	
NAME	KAYE, RÖBERT M	12 NAME		
STREE! ADDRESS	60 MONMOUTH PARK HWY	13 STREET ADDRESS		
CHY-S1 ZIP	WEST LONG BRANCH NJ	14 CITY+ST-ZIP		
THE	☐ DELETE	2 1 TITLE	☐ Change ☐ Addition	
NAME		22 NAME		
STREET ADDRESS		23 STREET ADDRESS		
CHY-S1 ZIP		2 4 CITY - ST - ZIP		
TILE	DELETE	3 1 TITLE	Change Addition	
NAME		3.2 NAME		
STREET ADDRESS		3.3 STREET ADDRESS		
C(1Y - S1 - Z(P		3.4 C(TY-ST-Z)P		
TilleF	DELETE	4. 1 TITLE	Change Addition	
NAM:		4 2 NAME		
SIREEL ADDRESS		4.3 STHEET ADDRESS		
CITY-S1-ZIF		4.4 CHTY-ST-ZIP		
THEF	DELETE	5 1 TITLE	Change Addition	
NAM't		5.2 NAME		
STREET ADDRESS		5 3 STREET ADDRESS		
C:1Y - S1 - ZIF		5 4 CITY - ST - 7IP		
TILE	☐ DELETE	6 1 THTLE	Change Addition	
NAME		6.2 NAME		
STHEE! 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 chapter 607, and that my name appears in Block 12 or Block 13 if chapter 607.

SIGNATURE:

TYPED OR RINTED NAME OF SIGNING OFFICER OR DIRECTOR

3a. Date of Last Report

3. Date Incorporated or Qualified

CR2E034 (12/95)