

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **F95000001258 (1)**

1. Corporation Name
RSI ENTERPRISES, INC.



Principal Place of Business Mailing Address
7333 E. DOUBLETREE RANCH RD. 7333 E. DOUBLETREE RANCH RD. SUITE 200 SCOTTSDALE AZ 85258

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21	3550 N. Central Ave.	26	7333 E. Doubletree Ranch	03/16/1995	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	Applied For
Suite 200		Suite 270		84-1145794	Not Applicable
City & State		City & State		5. Certificate of Status Desired	\$8.75 Additional Fee Required
Phoenix, Az		Scottsdale, Az.		<input type="checkbox"/>	
24	Zip	25	Country	6. Election Campaign Financing Trust Fund Contribution	
85012		U.S.		<input type="checkbox"/>	
29	Zip	30	Country	8. This corporation has liability for intangible tax under s 199.032, Florida Statutes	
85258		U.S.		<input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
O T CORPORATION SYSTEM 1200 S. PINE ISLAND RD. PLANTATION FL 33324				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	85	Zip Code
					FL		

11. Pursuant to the provisions of Sections 607.0602 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	PD	1.1 TITLE	Vice-Chairman, D
NAME	STAUDOHAR, JAMES D	1.2 NAME	Staudohar, James D.
STREET ADDRESS	7333 E. DOUBLETREE RANCH RD.	1.3 STREET ADDRESS	10157 E. Bayview Dr.
CITY-ST-ZIP	SCOTTSDALE AZ 85258	1.4 CITY-ST-ZIP	Scottsdale, Az. 85258
TITLE	VSTD	2.1 TITLE	PSTD
NAME	BRAINERD, TIMOTHY A	2.2 NAME	Brainerd, Timothy
STREET ADDRESS	7333 E. DOUBLETREE RANCH RD.	2.3 STREET ADDRESS	7333 E. Doubletree Ranch Rd.
CITY-ST-ZIP	SCOTTSDALE AZ 85258	2.4 CITY-ST-ZIP	Scottsdale, Az. 85258
TITLE	D	3.1 TITLE	DC
NAME	ULRICH, DONALD J	3.2 NAME	Ulrich, Donald J.
STREET ADDRESS	5302 E. DESERT VISTA RD.	3.3 STREET ADDRESS	5302 E. Desert Vista Rd.
CITY-ST-ZIP	PARADISE VALLEY AZ 85253	3.4 CITY-ST-ZIP	Paradise, Valley, Az. 85253
TITLE	D	4.1 TITLE	
NAME	ULRICH, DEAN	4.2 NAME	
STREET ADDRESS	5302 E. DESERT VISTA RD.	4.3 STREET ADDRESS	
CITY-ST-ZIP	PARADISE VALLEY AZ 85253	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	
NAME	WALSH, THOMAS	5.2 NAME	
STREET ADDRESS	7333 E. DOUBLETREE RANCH RD.	5.3 STREET ADDRESS	
CITY-ST-ZIP	SCOTTSDALE AZ 85258	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET 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 changed, on an attachment with an address.

SIGNATURE *James D. Staudohar* James D. Staudohar 1/24/96 (602) 483-6250
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)