

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

CORPORATION  
ANNUAL REPORT  
1995



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 JUN -1 AM 11:26

DOCUMENT # **H38797** (7)

1. Corporation Name  
**RATIONAL SOLUTIONS, INC.**

Principal Place of Business Mailing Address  
**1120 ROYAL PALM BEACH BLVD #279** **1120 ROYAL PALM BEACH BLVD #279**  
**ROYAL PALM BEACH FL 33411** **ROYAL PALM BEACH FL 33411**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>01/22/1985</b>	3a. Date of Last Report <b>05/01/1994</b>
4. FEI Number <b>59-2513187</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This Corporation has liability for intangible tax under S. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent  
**EISENBERG, BURT E.**  
**4700 B SHERIDAN ST**  
**HOLLYWOOD FL 33021**

10. Name and Address of New Registered Agent

81 Name <b>Adam Gurnison</b>
82 Street Address (P.O. Box Number is Not Acceptable) <b>CHASEWOOD PLAZA</b>
83 <b>6390 INDIAN TOWN RD</b>
84 City <b>JUPITER</b>
85 State <b>FL</b>
86 Zip Code <b>33458</b>

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 obligation of, Section 607.0503, Florida Statutes.

SIGNATURE *[Signature]* **5/25/95**

12. OFFICERS AND DIRECTORS

TITLE	<b>DST</b>
NAME	<b>OPPENHEIM, PAM</b>
STREET ADDRESS	<b>14463 68 STREET, N.</b>
CITY ST ZIP	<b>LOXAHATCHEE FL</b>
TITLE	<b>D</b>
NAME	<b>OPPENHEIM, JERRY</b>
STREET ADDRESS	<b>14463 68TH STREET, N.</b>
CITY ST ZIP	<b>LOXAHATCHEE FL</b>
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<b>DPST</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME		
13 STREET ADDRESS		
14 CITY ST ZIP		
21 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME		
23 STREET ADDRESS		
24 CITY ST ZIP		
31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY ST ZIP		
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY ST ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY ST ZIP		
61 TITLE		<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 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* **5/22/95** **407791 9607**