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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 FEB -7 PM 2:43

DOCUMENT # H79613 (6)

1. Corporation Name
RYAN SALES AND SERVICE, INC.

DO NOT WRITE IN THIS SPACE.

Principal Place of Business Mailing Address
780 S. MILITARY TRAIL 780 S. MILITARY TRAIL
DEERFIELD BEACH FL 33442 DEERFIELD BEACH FL 33442

3. Date Incorporated or Qualified 10/07/1985	3a. Date of Last Report 02/28/1994
4. FEI Number 59-2597009	Applied For <input type="checkbox"/> 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 type="checkbox"/> Yes <input type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent

**RYAN, WILLIAM H.
786 S. MILITARY TRAIL
DEERFIELD BEACH FL 33442**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when registering)

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	RYAN, WILLIAM H.
STREET ADDRESS	780 S. MILITARY TRAIL
CITY - ST - ZIP	DEERFIELD BEACH FL
TITLE	VP
NAME	GARCIA, FIDEL J.
STREET ADDRESS	780 S. MILITARY TRAIL
CITY - ST - ZIP	DEERFIELD BEACH FL
TITLE	SD
NAME	RYAN, RICHARD J.
STREET ADDRESS	780 S. MILITARY TRAIL
CITY - ST - ZIP	DEERFIELD BEACH FL
TITLE	DCEO
NAME	RYAN, WILLIAM J.
STREET ADDRESS	780 S. MILITARY TRAIL
CITY - ST - ZIP	DEERFIELD BEACH FL
TITLE	ASD
NAME	RABUCK, KARLA N.
STREET ADDRESS	780 S. MILITARY TRAIL
CITY - ST - ZIP	DEERFIELD BEACH FL
TITLE	T
NAME	GARRIDO, LIZ S.
STREET ADDRESS	780 S. MILITARY TRAIL
CITY - ST - ZIP	DEERFIELD BEACH FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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)(b), Florida Statute. 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 as checked, or as an attachment with an address.

SIGNATURE: Karla Rabuck KARLA RABUCK 1/16/95 (305) 427-5599
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #