

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 # **H79613** (6)

1. Corporation Name
RYAN SALES AND SERVICE, INC.



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

3. Date Incorporated or Qualified: **10/07/1985**
3a. Date of Last Report: **02/07/1995**
4. FEI Number: **59-2597009**
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

2. Principal Place of Business: 21, 22, 23, 24
2a. Mailing Address: 26, 27, 28, 29, 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
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
FL 85 Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	RYAN, WILLIAM H.	
STREET ADDRESS	780 S. MILITARY TRAIL	
CITY-ST-ZIP	DEERFIELD BEACH FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	GARCIA, FIDEL J.	
STREET ADDRESS	780 S. MILITARY TRAIL	
CITY-ST-ZIP	DEERFIELD BEACH FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	RYAN, RICHARD J.	
STREET ADDRESS	780 S. MILITARY TRAIL	
CITY-ST-ZIP	DEERFIELD BEACH FL	
TITLE	DCEO	<input type="checkbox"/> DELETE
NAME	RYAN, WILLIAM J.	
STREET ADDRESS	780 S. MILITARY TRAIL	
CITY-ST-ZIP	DEERFIELD BEACH FL	
TITLE	ASD	<input type="checkbox"/> DELETE
NAME	RABUCK, KARLA N.	
STREET ADDRESS	780 S. MILITARY TRAIL	
CITY-ST-ZIP	DEERFIELD BEACH FL	
TITLE	T	<input type="checkbox"/> DELETE
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)(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:

Liz Garrido
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LIZ GARRIDO

1/16/96

(954) 427-5599

Date

Daytime Phone #

CR2E034 (12/95)