

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **L48857** (1)

1. Corporation Name
D & RH SALES, INC.



Principal Place of Business: **5024 NW 97TH DR. CORAL SPRINGS FL 33076**
Mailing Address: **5024 NW 97TH DR. CORAL SPRINGS FL 33076**

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

3. Date Incorporated or Qualified: **02/09/1990**
3a. Date of Last Report: **03/16/1995**
4. FEI Number: **65-0175330**
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

9. Name and Address of Current Registered Agent

**HIBSHMAN, RANDY
5024 N.W. 97TH DRIVE
CORAL SPRINGS FL 33076**

10. Name and Address of New Registered Agent
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 607.1108, 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 Sections 607.0605, Florida Statutes.

SIGNATURE

Signature of Registered Agent or Person Authorized to Sign

Signature of Registered Agent or Person Authorized to Sign

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11.1 NAME	PTD HIBSHMAN, RANDY	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11.2 STREET ADDRESS	5024 NW 97TH DR CORAL SPRINGS FL	1.2 NAME	
11.3 CITY, ST, ZIP	VSD	1.3 STREET ADDRESS	
11.4 TITLE	HIBSHMAN, DEBORAH	1.4 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11.5 NAME	5024 NW 97TH DR	2.1 TITLE	
11.6 STREET ADDRESS	CORAL SPRINGS FL	2.2 NAME	
11.7 CITY, ST, ZIP		2.3 STREET ADDRESS	
11.8 TITLE		2.4 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11.9 NAME		3.1 TITLE	
11.10 STREET ADDRESS		3.2 NAME	
11.11 CITY, ST, ZIP		3.3 STREET ADDRESS	
11.12 TITLE		3.4 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11.13 NAME		4.1 TITLE	
11.14 STREET ADDRESS		4.2 NAME	
11.15 CITY, ST, ZIP		4.3 STREET ADDRESS	
11.16 TITLE		4.4 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11.17 NAME		5.1 TITLE	
11.18 STREET ADDRESS		5.2 NAME	
11.19 CITY, ST, ZIP		5.3 STREET ADDRESS	
11.20 TITLE		5.4 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11.21 NAME		6.1 TITLE	
11.22 STREET ADDRESS		6.2 NAME	
11.23 CITY, ST, ZIP		6.3 STREET ADDRESS	
11.24 TITLE		6.4 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Signature] 2/26/96 (305) 345-9329
DATE

CR2E034 (12/95)