

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
2a. Mailing Address: 26 State, Apt. #, etc.; 27 City & State; 28 Zip; 29 Country

3. Date Incorporated or Qualified: **02/09/1990**
3a. Date of Last Report: **03/16/1995**
4. FEI Number: **65-0175330**
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 City; 84 City; 85 Zip Code

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

12. OFFICERS AND DIRECTORS

11.1 NAME	PTD HIBSHMAN, RANDY	<input type="checkbox"/> DELETE
11.2 STREET ADDRESS	5024 NW 97TH DR CORAL SPRINGS FL	
11.3 CITY, ST, ZIP	VSD	<input type="checkbox"/> DELETE
11.4 NAME	HIBSHMAN, DEBORAH	
11.5 STREET ADDRESS	5024 NW 97TH DR CORAL SPRINGS FL	
11.6 CITY, ST, ZIP		<input type="checkbox"/> DELETE
11.7 NAME		
11.8 STREET ADDRESS		<input type="checkbox"/> DELETE
11.9 CITY, ST, ZIP		
11.10 NAME		<input type="checkbox"/> DELETE
11.11 STREET ADDRESS		
11.12 CITY, ST, ZIP		<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13.1 NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.2 NAME		
13.3 STREET ADDRESS		
13.4 CITY, ST, ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.5 NAME		
13.6 NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.7 NAME		
13.8 NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.9 NAME		
13.10 NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.11 NAME		
13.12 NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.13 NAME		
13.14 NAME		<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: 2/26/96

CR2E034 (12/95)