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PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # P39138

(3)

1. Corporate Name

B.L. RICE INTERNATIONAL, INC.



Principal Place of Business

2055 WOOD STREET  
SUITE 204  
SARASOTA FL 34237  
US

Mailing Address

2055 WOOD STREET  
SUITE 204  
SARASOTA FL 34237  
US

2. Principal Place of Business

21 440 So. LaSalle St.

Suite, Apt., etc.

22 Ste. 1728

City & State

23 Chicago, IL

Zip

24 60605

Country

25 USA

2a. Mailing Address

26 Suite, Apt., etc.

27 City & State

28

Zip

29

Country

30

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

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 607.1501, 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. Thereby, accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 607.1501, Florida Statutes.

SIGNATURE

Signature of registered agent or other person authorized to accept service of process

Signature of officer or director authorized to accept service of process

DATE

12. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP  
PST  
RICE, BERNARD L.  
2055 WOOD STREET, SUITE 204  
SARASOTA FL

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TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

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CITY-STATE-ZIP

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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE

1. NAME

1. STREET ADDRESS

1. CITY-STATE-ZIP

2. TITLE

2. NAME

2. STREET ADDRESS

2. CITY-STATE-ZIP

3. TITLE

3. NAME

3. STREET ADDRESS

3. CITY-STATE-ZIP

4. TITLE

4. NAME

4. STREET ADDRESS

4. CITY-STATE-ZIP

5. TITLE

5. NAME

5. STREET ADDRESS

5. CITY-STATE-ZIP

6. TITLE

6. NAME

6. STREET ADDRESS

6. CITY-STATE-ZIP

7. TITLE

7. NAME

7. STREET ADDRESS

7. CITY-STATE-ZIP

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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)(a), 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 unchanged, or in an addition with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/96

941/954-0892

CR2E034 (12/95)