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

PROFIT CORPORATION



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

ANNUAL REPORT 1996		Secretary of State DIVISION OF CORPORATIONS								
DOCUMENT # P92000014599 (4)										
•	R'S INC.									
ITETO	10 110.									ANA IAILA (AN NASA
										//// // /4/// /////////////////////////
Principal Plac	e of Business		Maling Address							
3246 DAVIE BLVD 3246 DAVIE BLVD FT LAUDERDALE FL 33312 FT LAUDERDALE FL 33312										
FT LAUDERDALE FL 33312 US			US			3. Date Incorporated or Qualified	3a, Date	of Last	Report	
*-							12/28/1992		0/12/1	
2 Propried F	Place of Business	Т	2a, Mailing Address				4. FEI Number		1	Applied For
21	RICO OF EGONICOS	[:	26			65-0380447	Not Applicable			
Suite, Apt	#, etc.		Suite, Apt. #, etc.				5. Certificate of Status Desired	П		75 Additional
22			27							e Required
City & Sta	ate	-	City & State				Election Campaign Financing Trust Fund Contribution			.00 May Be ded to Fees
23 Zip	Co	untry	28 Zip	Cor	untry		This corporation has liability for	intangible ta		
24	25	· · · · · · · · · · · · · · · · · · ·	29 30				Florida Statutes 🔲 Yes	i ∐ No		
	g. Name and A	dress of Current R	egistered Agent		Ī	r	10. Name and Address of New F	legistered	Agent	
					81	Name				
PATEL, RANJI					82	Street Add	et Address (P.O. Box Number is Not Acceptable)			
4161 W COMMERCIAL BLVD					83					
TAMA	RAC FL 33319									
					84	City		FL	85	Zip Code
SIGNATURE	:	race of numbered agenta of	producerate (N	out Bigotina	o Ager		oration submits this statement for the purard of directors. Thereby accept the appropriate the submits of the s	CJATE		
12.	<u> </u>	OFFICERS AND D	DELETE	13.	III.E		ADDITIONS/CHANGES TO OF		Chang	
TITLE NAME	PATEL, RANJ	HAHATI	[] becare		NAME			'		, 🚨
STREET ADDRESS						T ADDRESS				
CITY-ST-ZIP	FT LAUDERD					ST - Z1F				
TITLE	DOCS LOC	57	DELFTE	2 1	TITLE				Chang	ge 🔲 Addition
NAME	PATEL	MAURKUM AUK BLU NOCRPAU	AR		MAME					
STREET ADDRES	s 3246 P	ADIE 1310	D = 200	_		1 ADDRESS				
CITY - ST - ZIP	+7. LA	AUDOLL DIVIC	G [7 3331 □ DELETE		CHTY -: TILLE	S1-ZIP			Chang	ge 🔲 Addition
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CITY-ST-ZIP	~					ST-ZIP				
TITLE			☐ DELETE	4 1	TITLE				Chan	ge 🗌 Addition
NAME					NAME					
STREET ADDRES	SS					T ADDRESS				
CITY - ST - ZIP			☐ DELETE		CITY TITLE	ST-ZIP			☐ Chan	ige Addition
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CITY-ST-ZIP				. 54	<u>CIT</u> Y	ST-7IP	Was a proper and a second a second and a second a second and a second			
TITLE			DELETE	6 1	TITLE				☐ Chan	ige 🔲 Addition
NAME					NAMÉ					
STREET ADDRES	ss			6.3	STREE	T ADORESS				

CITY-ST-ZIP

14. Lob hereby certify that the information supplied with this filt g 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 suppliermental 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 13 if changes or or at attackment with an address.

SIGNATURE: _

SIGNATURE AND TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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