

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT CORPORATION ANNUAL REPORT 1996		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P93000004995 (5)

1. Corporation Name

R.L. CONCEPT, INC.



Principal Place of Business	Mailing Address
9900 WEST SAMPLE RD. SUITE 400 CORAL SPRINGS FL 33065	9900 WEST SAMPLE RD. SUITE 400 CORAL SPRINGS FL 33065

2. Principal Place of Business	2a. Mailing Address
21 3724 N.W. 16th Street	26 3724 N.W. 16th Street
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23 Lauderhill, FL	28 Lauderhill, FL
Zip	Zip
24 33311	29 33311
Country	Country
25 US	30 US

3. Date Incorporated or Qualified	3a. Date of Last Report
01/21/1993	03/20/1995
4. FEI Number	Applied for
65-0384884	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	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

SLATKIN, SHELDON T
9900 W. SAMPLE RD.
SUITE 400
CORAL SPRINGS FL 33065

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
Steven C. Elkin	FL 33301
82 Street Address (P.O. Box Number is Not Acceptable)	
Tripp, Scott, Conklin & Smith	
83	
110 S.E. 6th Street - 28th Floor	
84 City	
Fort Lauderdale	

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

Steven C. Elkin

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

(NOTE: Registered Agent's signature required when reinstating)

7/2/96

12. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> DELETE	NAME
NAME	WILGUS, ISABELLA		
STREET ADDRESS	9900 W. SAMPLE RD., SUITE 400		
CITY-ST-ZIP	CORAL SPRINGS FL 33065		
TITLE		<input type="checkbox"/> DELETE	NAME
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE	NAME
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE	NAME
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE	NAME
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Director, President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME
1.2 NAME	Steve Haas		
1.3 STREET ADDRESS	3724 N.W. 16th Street		
1.4 CITY-ST-ZIP	Lauderhill, FL 33311		
2.1 TITLE	Director, Sec., Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME
2.2 NAME	Jean Lucas		
2.3 STREET ADDRESS	3724 N.W. 16th Street		
2.4 CITY-ST-ZIP	Lauderhill, FL 33311		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME
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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *X Isabella J. Lucas*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jean Lucas, Secretary

(954) 321-1014

Print

Display Phone #

CR2E034 (3/96)