

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

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P93000005167 (0)

1. Corporation Name
R. I. L., INC.



Principal Place of Business: **7143 MONTRICO DRIVE BOCA RATON FL 33433**
Mailing Address: **7143 MONTRICO DRIVE BOCA RATON FL 33433**

3. Date Incorporated or Qualified: **01/22/1993** 3a. Date of Last Report: **04/25/1995**
4. FEI Number: **65-0383522** 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

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

9. Name and Address of Current Registered Agent

**LICHMAN, ROBERT
7143 MONTRICO DRIVE
BOCA RATON FL 33433**

10. Name and Address of New Registered Agent

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 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent 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 607.0502, Florida Statutes.

SIGNATURE: *[Signature]*
Signature of current or former registered agent and title of position: *[Signature]*
Signature of Registered Agent (signature required when registering): *[Signature]*

12. OFFICERS AND DIRECTORS

TITLE	<input checked="" type="checkbox"/>	DELETE
NAME	LICHMAN, ROBERT	
STREET ADDRESS	7143 MONTRICO DRIVE	
CITY- ST- ZIP	BOCA RATON FL 33433	
TITLE	<input type="checkbox"/>	DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE	<input type="checkbox"/>	DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE	<input type="checkbox"/>	DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE	<input type="checkbox"/>	DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/>	Change	<input type="checkbox"/>	Addition
12 NAME				
13 STREET ADDRESS				
14 CITY- ST- ZIP				
21 TITLE	<input type="checkbox"/>	Change	<input type="checkbox"/>	Addition
22 NAME				
23 STREET ADDRESS				
24 CITY- ST- ZIP				
31 TITLE	<input type="checkbox"/>	Change	<input type="checkbox"/>	Addition
32 NAME				
33 STREET ADDRESS				
34 CITY- ST- ZIP				
41 TITLE	<input type="checkbox"/>	Change	<input type="checkbox"/>	Addition
42 NAME				
43 STREET ADDRESS				
44 CITY- ST- ZIP				
51 TITLE	<input type="checkbox"/>	Change	<input type="checkbox"/>	Addition
52 NAME				
53 STREET ADDRESS				
54 CITY- ST- ZIP				
61 TITLE	<input type="checkbox"/>	Change	<input type="checkbox"/>	Addition
62 NAME				
63 STREET ADDRESS				
64 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13, above, or on an attachment with an address.

SIGNATURE: *[Signature]* **ROBERT LICHMAN - 4/4/96** 407-394-6001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)