


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

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Apr 09 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P93000052358 (7)

1. Corporation Name

RNS OF BOCA RATON, INC.



Principal Place of Business 8182 GLADES ROAD BOCA RATON FL 33434 US	Mailing Address 22544 BLUE FIN TRAIL BOCA RATON FL 33428-4642
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2. Principal Place of Business 21 928 CLINT MURKIN RD Suite, Apt. #, etc.		2a. Mailing Address 27 9076 E SW 21ST CT Suite, Apt. #, etc.		3. Date Incorporated or Qualified 07/27/1993	3a. Date of Last Report 01/17/1997
22 BOCA RATON FL City & State		27 BOCA RATON FL City & State		4. FEI Number 65-0435915	Applied For Not Apply
23 33487 Zip		28 33428 Zip		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
24 USA Country		29 USA Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
25		30		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent NEWMAN, SCOTT 9076 E. S.W. 21ST COURT BOCA RATON FL 33428		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code FL	
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1.1 TITLE	1.2 NAME
VS	NEWMAN, SCOTT H	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
22544 BLUE FIN TRAIL		1.3 STREET ADDRESS	
BOCA RATON FL		1.4 CITY-ST-ZIP	
CPT	NEWMAN, ROBIN	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22544 BLUE FIN TRAIL		2.2 NAME	
BOCA RATON FL		2.3 STREET ADDRESS	
V	ANDERSON, THERESA	2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22053 FLANDERS CART		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
BOCA RATON FL		3.2 NAME	
		3.3 STREET ADDRESS	
		3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		4.2 NAME	
		4.3 STREET ADDRESS	
		4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		5.2 NAME	
		5.3 STREET ADDRESS	
		5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		6.2 NAME	
		6.3 STREET ADDRESS	
		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  SCOTT NEWMAN 4/3/97 (81) 994-8233
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0006350

CR2E034 (9/96)