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 #

Corporation Name

P93000053387 (5)

RHS CONSULTANTS, INC.

Principal Place of Business	Mailing Address				
784 U.S. HIGHWAY #1 SUITE 14 NORTH PALM BEACH FL 33408	784 U.S. HIGHWAY #1 SUITE 14 NORTH PALM BEACH FL 33408				
2. Principal Place of Business	2a. Mailing Address				
Suite, Apt. #, etc.	Suite, Apt. #, etc.				

Secretary of State

Apr 30 1996 8:00 am

FILED



SUITE 14 NORTH PALM BEACH FL 33408			SUITE 14 NORTH PALM BEACH FL 33408				3. Date Incorporated or Qualified		
			14 (f) . 1 d l l				4, FEI Number Applied For		
Principal Place of	of Business	h	. Mailing Address				65-0430875 Not Applicat	ole	
<u> </u>			26				\$8.75 Additional		
Suite, Apr. #, etc.			Suite, Apt. #, etc.	uite, Apt. #, etc.			5. Certificate of Status Desired Fee Required		
2		27	Cit. P State				Election Campaign Financing \$5.00 May Be		
City & State			City & State				Trust Fund Contribution Added to Fees		
3		28	Zin	Co	ountry		8. This corporation has liability for intangible tax under s 199.032,		
¬ ′	Zip Country					Florida Statutes			
<u> </u>	25 Name and Address of Curre	29 nt Regis	stered Agent	100	-T		10. Name and Address of New Registered Agent		
9	. Name and Address of Control				81	Name	MADDIC CEODER F		
					1-1	5	HARRIS, GEORGE E. dress (P.O. Box Number is Not Acceptable)		
SMITH, RO					82	Street Ad	SUITE 14		
784 US HW	Y 1				83				
SUITE 14							11380 PROSPERITY FARMS ROAD		
North Pa	LM BEACH FL 33408				84	City	PALM BEACH GARDEN FL 85 Zio Code 33410		
	agent, or byth in the state of Flor and accept the chirations of, Sec	rida. Suc ction 607	ch change was authorize 7,0505, Florida Statutes. ——	ia by the	e corpc	nation's D	poration submits this statement for the purpose of changing its registered opered of directors. I hereby accept the appointment as registered agent. I are	n 	
SIGNATURE	ature, typed or printed ame of registered age	nt and tile	if applicable. (NOT			signature req	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
12.	OFFICERS AI	ND DIRE		13			ADDITIONS/CHANGES TO OTT ICE/W/ KIT Change Additional A	ion	
TITLE	D '		☐ DELETE		1 TITLE	ļ			
NAME	SMITH, ROBERT H				2 NAME		784 U.S. HIGHWAY ONE, SUITE 14		
STREET ADDRESS	556 GREENWAY DR.			1		ADDRESS	NORTH PALM BEACH, FL 33408		
CiTY-ST-ZIP	NORTH PALM BEACH FL 3	3408			4 CITY - S	T - ZIP	Change Addit	ion	
TITLE			DELETE		1 TITLE	1			
NAME					2 NAME				
STREET ADDRESS						ADDRESS			
CITY-ST-ZIP					4 CITY-S	T-21P	☐ Change ☐ Addit	tion	
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NAME				1	.2 NAME				
STREET ADDRESS						T ADDRESS			
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NAME				1	1.2 NAME				
STREET ADDRESS				4	4.3 STREET	r address			
CITY-ST-ZIP	<u></u>				4.4 CITY-S	ST - ZIP	☐ Change ☐ Add	ition	
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NAME				5	5 2 NAME	1			
STREET ADDRESS				5	5 3 STREE	1 ADDRESS			
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NAME.				- 1	6.2 NAME	ļ			
STREET ADDRESS					6.3 STREE	T ADDRESS			
1					6.4 CITY -	ST-ZIP	14.4		
U11-51-21	cortify that the information supplie	ed with 1	this filing is voluntarily fur	nished a	and do	es not qua	lify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I furth curate and that my signature shall have the same legal effect as if made ur	vder	

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 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 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 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 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 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 certific 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 certificity that the indicated on the indicated on the same legal effect as if made under certificities and the indicated on the

ROBERT H. SMITH, PRES. 4/17/96 407/624-1118