04-26-1999 90136 017 ***150.00

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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

•	1999 DIVISION OF CORPORATIONS					04-26-1999 90136 017 ***150.00			
	MENT # pc	930000)53387						
RHS CO	NSULTANTS, INC) .							
Principal Place	e 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						
							DO NOT WRITE IN THIS SPACE		
							3. Date Incorporated or Qualified		
							07/26/1993		
2. Principal Place of Business			2a. Mailing Address				4. FEI Number App ied For		
11			26				65-0430875 Not Applicable		
Suite, Apt. #, etc.			Suite, Apt. #, etc.				5 Contifer to of Status Desired \$8.75 Additional		
22			27				ree Required		
City & S ate			City & State				6. Election Campaign Financing \$5.00 May Be		
23			28				Trust Fund Contribution Added to Fees		
Zip	Coun:	ry	Zip		intry		8. This corporation owes the current year Intangible Personal Property Tax.		
24	25		29 Agent	30	_	 .	Personal Property Tax. MYes LJNo 10. Name and Address of New Registered Agent		
	9. Name and Add	ess of Current	Registered Agent	-	81	Name	10. Name and Address of New Registers 2 Age.		
HAD	RIS, GEORGE E								
	NIS, GEORGE C 10 PROSPERITY FAF	MS BOAD			82 Street Add		dress (P.O. Box Number is Not Acceptable)		
SUIT									
PALM BEACH GARDENS FL 33410									
1,500	A DENOIT GRADEING	7 1 2 00 1 10			84	City	FL 85 Zip Code		
44 Dumana	to the provisions of Sc	otiono 607 0502	and 607 1508 Florida Statu	es the a	bove	-named co	poration submits this statement for the purpose of changing its registered		
office or r	enistered agent or hot	h in the State of	Florida Such change was	authorized	1 bv t	the corporat	tion's board of cirectors. I hereby accept the appointment as registered		
agent. a	m familiar with, and acc	cept the obligation	ns of, Section 607.0505, FI	inda Stat	utes				
SIGNATURE	Signature, typed or printed nai	ne of registered agent	nd title if applicable. (NOT	I.: Registered	I Agent	signature requi	red when reinstating) DATE		
12.		OFFICERS AND		13.	· -		ADDITICNS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
ΠTLE	D		☐ DELETE	1.1 TI	TLE		Change Addition		
NAME	SMITH, ROBERT H	ı		12 N	AME	1			
STREET ADDRESS	784 U.S. HIGHWA		14	135	TREET.	ADDRESS			
CITY-ST-ZIP	NORTH PALM BEA			14C	TY-ST	-ZIP			
TITLE			☐ DELETE	2.1 TI	TLE		☐ Change ☐ Addition		
NAME				22 N	AME.				
STREET ADDRESS				2.3 S	TREET	ADDRESS			
CITY-ST-ZIP				2 4 0	TY-S	T-ZIP			
TITLE			☐ DELETE	3.1 T	TLE		Change Addition		
NAME				3.2 N					
STREET ADDRESS				3.3 S	TREET	ADDRESS			
CITY-ST-ZIP				_	ITY-SI	T-ZIP			
TITLE			☐ DELETE	4.1 TI			☐ Change ☐ Addition		
NAME				4. 2 N					
\$TREET ADDRESS						ADDRESS			
CITY-ST-ZIP					TY-ST	-ZIP	☐ Change ☐ Addition		
TITLE			☐ DELETE	51T			☐ Change ☐ Addition		
NAME						ADDRESS			
STREET ADDRESS					ITY-ST				
CITY-ST-ZIP			☐ DELETE	6.1 T			☐ Change ☐ Addition		
HILE	i					1			

CITY-ST-ZIP 14. I 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 frue 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 εxecute 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 attach neglection address, with a lother like empowered.

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

STREET ADDRESS

ME OF SIGNING OFFICEF OR DIRECTOR PESIDENT

Robert H.Smith

4/23/99

561/625-1118