

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

FILED
Apr 29 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P93000074119 (7)**

1. Corporation Name

R & S CORPORATION OF FORT LAUDERDALE

Principal Place of Business

**4524 GUN CLUB ROAD
#102
WEST PALM BEACH FL 33415**

Mailing Address

**800 N.E. 15 ST.
FT. LAUDERDALE FL 33304
US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 10/26/1993	
21 800 NE 15 STREET	26	22 Suite, Apt. #, etc.		4. FEI Number 65-0444969	
23 FT. LAUDERDALE	27	24 City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
25 FL	28	26 Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
29 USA	30	27 Country		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**HAQUE, RAFIQUOL
4524 GUN CLUB ROAD
#102
WEST PALM BEACH FL 33415**

10. Name and Address of New Registered Agent

81 Name	HAQUE, RAFIQUOL	
82 Street Address (P.O. Box Number is Not Acceptable)	800 NE 15 STREET	
83		
84 City	FT. LAUDERDALE	85 Zip Code FL 33304

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

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

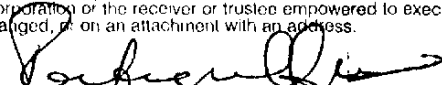
(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAQUE, RAFIQUOL	1.2 NAME	
STREET ADDRESS	4524 GUN CLUB ROAD, #102	1.3 STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH FL 33415	1.4 CITY-ST-ZIP	
TITLE	SECRETARY <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAQUE, SHARMIN	2.2 NAME	
STREET ADDRESS	800 NE 15 STREET	2.3 STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE FL 33304	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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 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:



4/15/98 (954) 761-8900

CR2E034 (10/97)