FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00					
PROFIT FLORIDA DEPARTMEN					,
CORPORATION ANNUAL REPORT		Sandra B. Mortham Secretary of State			
1996		DIVISION OF CORPORATIONS			
DOCUMENT # P94000013166 (1))		
,	RUS, INC.				
Principal Place of Business Mailing Address					
11058 MAINSAIL DRIVE COOPER CITY FL 33026		11058 MAINSAIL DRIVE COOPER CITY FL 33026	1		
				3. Date incorporated or Qualified	3a, Date of Last Report
2. Principal Pla	ace of Business	2a. Mailing Address		02/14/1994 4. FEI Number	05/01/1995
21		26		65-0465278	Not Applicable
Suite, Apt. 1	#, etc.	Suite, Apt. #, etc.		5, Certificate of Status Desired	\$8.75 Additional Fee Required
City & State)	City & State		6. Election Campaign Financing	\$5.00 May Be
23 Zip	Country	28 Zip	Country	Trust Fund Contribution 8. This corporation has liability for in	Added to Fees
24	25 9. Name and Address of Current	29 3 Registered Agent	<u>o]</u>	Florida Statutes Yes 10. Name and Address of New Re	
			81 Name		
BUCK, STEVE M 11058 MAINSAIL DRIVE			82 Street Addre	ess (P.O. Box Number is Not Acceptable	ə)
	ER CITY FL 33026		83		
			84 City		B5 Zip Code
11. Pursuant t	o the provisions of Sections 607,0502 a	nd 607.1508, Florida Statutes, t	the above-named corpora	ation submits this statement for the purp	xose 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 an	o tiše 4 applicable. (NOTE: F	Registered Agent signature required	l when reinstating)	DATE
12. TITLE	OFFICERS AND		13. 1. 1 TITLE	ADDITIONS/CHANGES TO OFFIC	DATE CERS AND DIRECTORS IN 12 Change Addition
NAME	BUCK, STEVE M		1 2 NAME		
STREET ADDRESS	11058 MAINSAIL DRIVE		1.3 STREET ADDRESS		2E034
CITY-ST-ZIP TIFLE	COOPER CITY FL 33026	DELETE	1.4 CITY - ST- ZIP 2 1 TITLE		Change Addition
NAME	RUTHERFORD, THOMAS O		2 2 NAME		
STREET ADDRESS	11058 MAINSAIL DRIVE COOPER CITY FL 33026		2 3 STREET ADDRESS		
CITY-ST-ZIP THLE	DST	DELETE	2 4 CITY - ST - ZIP 3. 1 TITLE	DV	Change 🙀 Addition
NAME	DUNAYER, DOUG F		3.2 NAME	Bart Dunayer	,
STREET ADDRESS CITY - ST - ZIP	11058 MAINSAIL DRIVE COOPER CITY FL 33026		3.3 STREET ADDRESS 3.4 CITY - ST - ZIP	-	
TITLE		DELETE	4. 1 TITLE	· · · · · · · · · · · · · · · · · · ·	Change 🔲 Addition
NAME STREET ADDRESS			4.2 NAME 4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CiTY - ST - ZIP		
TITLE		DELETE	5 1 TITLE		Change Addition
NAME STREET ADDRESS			5 2 NAME 5 3 STREFT ADD R ESS		
CITY - ST - ZIP			5.4 CITY - ST - ZIP		
TITEE NAME		DELETE	6 1 TITLE 6.2 NAME		📋 Change 🛄 Addition
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-SI-ZIP		the states of the second s	6 4 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). Forida 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 execute this report as required by Chapter 607, Florida Statutes, and that my name					
appears in Block 12 or Block 13 if changed, then an attachment with an address.					
SIGNATURE: HIGHATURE AND TYPER OF PARTIE AND TYPER OF BIGNING OFFICER OF DIRECTOR					
	SIGNATURE AND TYPED OF	WINTER NAME OF SIGNING OFFICER O	N DIRECTOR	- Date -	E Dayane Phope #