

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Murdham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000015378 (0)

1. Corporation Name
RJP SALES, INC.



Principal Place of Business: 12842 SWAMP OWL LANE JACKSONVILLE FL 32258
Mailing Address: 12842 SWAMP OWL LANE JACKSONVILLE FL 32258

2. Principal Place of Business: 21 State Apt. #, etc.; 22 City & State; 23 Zip; Country; 24
2a. Mailing Address: 26 State Apt. #, etc.; 27 City & State; 28 Zip; Country; 29

3. Date Incorporated or Quinched: 02/22/1994
3a. Date of Last Report: 02/20/1995
4. FE Number: 59-3226933
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 190.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent

PEAL, RAPHAEL J
12842 SWAMP OWL LANE
JACKSONVILLE FL 32258

81 Name; 82 Street Address (P.O. Box Number is Not Acceptable); 83; 84 City; 85 Zip Code: FL

11. Pursuant to the provisions of Sections 607.02 and 607.1509, 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 607.0605, Florida Statutes.

SIGNATURE OF OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
12.1 NAME: PD PEAL, RAPHAEL J 12.2 STREET ADDRESS: 12842 SWAMP OWL LANE JACKSONVILLE FL 32258 12.3 CITY, ST, ZIP: STD JACKSONVILLE FL 32258	13.1 NAME: [] Change [] Addition 13.2 STREET ADDRESS: [] Change [] Addition 13.3 CITY, ST, ZIP: [] Change [] Addition
12.4 NAME: PEAL, JILL J 12.5 STREET ADDRESS: 12842 SWAMP OWL LANE JACKSONVILLE FL 32258	13.4 NAME: [] Change [] Addition 13.5 STREET ADDRESS: [] Change [] Addition 13.6 CITY, ST, ZIP: [] Change [] Addition
12.6 NAME: [] DELETE	13.7 NAME: [] Change [] Addition 13.8 STREET ADDRESS: [] Change [] Addition 13.9 CITY, ST, ZIP: [] Change [] Addition
12.7 NAME: [] DELETE	13.10 NAME: [] Change [] Addition 13.11 STREET ADDRESS: [] Change [] Addition 13.12 CITY, ST, ZIP: [] Change [] Addition
12.8 NAME: [] DELETE	13.13 NAME: [] Change [] Addition 13.14 STREET ADDRESS: [] Change [] Addition 13.15 CITY, ST, ZIP: [] Change [] Addition

14. I do hereby certify that the information supplied herein was being voluntarily furnished and does not qualify for the exemption stated in Section 119.07(1)(b), Florida Statutes. I further certify that the information included on this report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath. I am an officer or director of the corporation or the receiver or trustee, or empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if change. I do so in agreement with all the filers.

SIGNATURE: Raphael J. Peal RAPHAEL J. PEAL 4/16/96 904-262-4695

CR2E034 (12/95)