

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

PROFIT CORPORATION ANNUAL REPORT 1996		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P94000041196 (4)**

1. Corporation Name
R & H UNLIMITED, INC.



Principal Place of Business 10117 W OAKLAND PARK BLVD SUITE 355 SUNRISE FL 33351	Mailing Address 10117 W OAKLAND PARK BLVD SUITE 355 SUNRISE FL 33351
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2. Principal Place of Business 21 2611 N MIAMI RD		2a. Mailing Address 26 2611 N MIAMI RD		3. Date Incorporated or Qualified 05/27/1994	3a. Date of Last Report 02/13/1995
Suite, Apt. #, etc. 22 # 121		Suite, Apt. #, etc. 27 # 121		4. FEI Number 65-0491439	Applied For <input type="checkbox"/> Not Applicable
City & State 23 COOPER CITY FL		City & State 28 COOPER CITY FL		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 24 33026		Country 25 BROWARD		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip 29 33026		Country 30 BROWARD		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent LEWIN, ROBERT 10117 W OAKLAND PARK BLVD SUITE 355 SUNRISE FL 33351				10. Name and Address of New Registered Agent	
81 Name					
82 Street Address (P.O. Box Number is Not Acceptable)					
83					
84 City				FL	85 Zip Code

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 is not required.) (Note: Registered Agent signature required when not standing.) DATE _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
<input type="checkbox"/> DELETE				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE	DP	LEWIN, ROBERT		1.1 TITLE			
NAME	10117 W OAKLAND PARK BLVD SUITE 355			1.2 NAME			
STREET ADDRESS	SUNRISE FL 33351			1.3 STREET ADDRESS			
CITY-ST-ZIP				1.4 CITY-ST-ZIP			
TITLE	VST	LEWIN, ROBERT		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	10117 W OAKLAND PARK BLVD SUITE 355			2.2 NAME			
STREET ADDRESS	SUNRISE FL 33351			2.3 STREET ADDRESS			
CITY-ST-ZIP				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 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), 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:  **3/28/96**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone

CR2E034 (12/95)