

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

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandie B. Mertham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **P94000053779 (2)**

1. Corporation Name  
**RSGN, INC.**



Principal Place of Business

**1852 VENETIAN POINT DR  
CLEARWATER FL 34615**

Mailing Address

**1852 VENETIAN POINT DR  
CLEARWATER FL 34615**

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified  
**07/18/1994**

3a. Date of Last Report  
**05/01/1995**

4. FEI Number

**59-3269907**

Applied For  
Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution

**\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent

**VEURINK, ROBERT  
1852 VENETIAN POINT DR  
CLEARWATER FL 34615**

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 607.0509 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 607.0509, Florida Statutes.

SIGNATURE

Name and Address of Registered Agent

Name and Address of Registered Agent

Date

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-STATE-ZIP

DELETE  
**P URBANIK, STAN  
2265 LAGOON DR  
DUNEDIN FL 34698**

TITLE NAME STREET ADDRESS CITY-STATE-ZIP

DELETE  
**ST VEURINK, ROBERT  
1852 VENETIAN POINT DR  
CLEARWATER FL 34615**

TITLE NAME STREET ADDRESS CITY-STATE-ZIP

DELETE

TITLE NAME STREET ADDRESS CITY-STATE-ZIP

DELETE

TITLE NAME STREET ADDRESS CITY-STATE-ZIP

DELETE

TITLE NAME STREET ADDRESS CITY-STATE-ZIP

DELETE

TITLE NAME STREET ADDRESS CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE  Change  Addition

12 NAME

13 STREET ADDRESS

14 CITY-STATE-ZIP

15 TITLE  Change  Addition

16 NAME

17 STREET ADDRESS

18 CITY-STATE-ZIP

19 TITLE  Change  Addition

20 NAME

21 STREET ADDRESS

22 CITY-STATE-ZIP

23 TITLE  Change  Addition

24 NAME

25 STREET ADDRESS

26 CITY-STATE-ZIP

27 TITLE  Change  Addition

28 NAME

29 STREET ADDRESS

30 CITY-STATE-ZIP

14. I do hereby certify that the information supplied in 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, correct and lawful 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 employed to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Book 12 or Book 13 of changes, or on an attachment to an address.

SIGNATURE:

*Stanley V. Urbanik PRES*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/21/96

8137704860

CR2E034 (12/95)