PROFIT
CORPORATION
ANNUAL REPORT



## ELORIDA DEPARTMENT OF STATE

Sandra B. Mortham Secretary of State

	1996	DIVISION OF CC	DRPORATI	ONS					
DOCUI	MENT # P9500	0000680 (5)							
R.L.H.	SERVICES, INC.					) 34 Dalada 410 (010) 01111 02111 00111 001	III <b>AB</b> IH <b>AB</b> IH	<b>**</b> **********************************	
Principal Plac	e of Business	Mailing Address		u					
2517 NW 36T	u eт	2547 1144 20711 27							
BOCA RATOR		2517 NW 36TH ST BOCA RATON FL 33434							
						3. Date Incorporated or Qualified 01/04/1995	3a. Dat	te of Last Report	
2. Principal P	lace of Business	2a. Mailing Address 26				4. FEI Number 65-0544781		Applied For Not Applicab	·e
Suite, Apt.	#, etc	Suite, Apt #, etc 27				5. Certificate of Status Desired		\$8.75 Additional Fee Required	
City & State	e	City & State				6. Election Campaign Financing		\$5.00 May Be	
<b>23</b> Zip	Country	7 <sub>1</sub> p	Countr			Trust Fund Contribution		Added to Fees	
24	25	<b>├</b> ── `	0	У		8. This corporation has liability for it Florida Statutes	ntangible to Yes		
	9. Name and Address of Curren	it Registered Agent				10. Name and Address of New Re	jistered A	gent	
но	lmes, robert l		81	Name	9				
	17 NW 36TH ST		82	Street	Addre	ss (P.O. Box Number is Not Acceptabl	e)		
BO-	CA RATON FL 33434		83	<del>                                     </del>					_
			84				FL	85 Zip Code	
11. Pursuant to	to the provisions of Sections 607,050 egistered agent, or both, in the State	2 and 607.1508, Florida Statutes, of Florida, Such change was aut	the above	e-named	corpor	ation submits this statement for the puls board of directors. I hereby accept	rpose of cl	nanging its registered	
agent la	m familiar with, and accept the obliga	ations of, Section 607.0505, Floric	la Statutes	3.		o notice of the conjugation of t	ин аррон	anent as registered	
SIGNATURE	Signature: typed or printed run elof registered age	nt and title it applicable (NOTE F	Herietered An	en' sanarin	e forbute (	whon reinstaring)	DAIL		
12.	OFFICERS AN		13.			ADDITIONS/CHANGES TO OFFIC		DIRECTORS IN 12	•
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NAMÉ	HOLMES, ROBERT L		1 2 NAME						
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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 turther 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 617. Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address

GNATURE:

ROBERT L. HOLMES JUNE 10<sup>44</sup> 1996

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR.

SIGNATURE: \_\_

CR2E034 (3/96)