

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000029373 (4)

1. Corporation Name

RESEARCH IRRIGATION SYSTEMS, INC.



Principal Place of Business

Mailing Address

6043 NW 167TH ST
UNIT 8
MIAMI FL 33015

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UNIT 8
MIAMI FL 33015

3. Date Incorporated or Qualified 04/13/1995	3a. Date of Last Report
4. FEI Number 59-3310722	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 11323 PHILLIPS PKWY DR. E. E. 2	26 11323 Phillips PKWY Dr. E.
22 Suite, Apt. #, etc. SUITE 2	27 Suite 2
23 City & State JACKSONVILLE, FL	28 Jacksonville, FL
24 Zip 32256	29 32256
25 Country DUVAL	30 Duval

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BLAKE, TIMOTHY C
66 W FLAGLER ST
CONCORD BLDG SUITE 608
MIAMI FL 33130

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 and title, if applicable

(NOTE: Registered Agent's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	
NAME	BING, KENNETH R	12 NAME	
STREET ADDRESS	14311 LEANING PINE DR	13 STREET ADDRESS	
CITY-ST-ZIP	MIAMI LAKES FL 33015	14 CITY-ST-ZIP	
TITLE	D	21 TITLE	
NAME	CARISTOPHER LEE	22 NAME	
STREET ADDRESS	2818 SEMINOLE VILLAGE DRIVE	23 STREET ADDRESS	
CITY-ST-ZIP	MIDDLEBURGH, FL 32068	24 CITY-ST-ZIP	
TITLE		31 TITLE	
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE		41 TITLE	
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

KENNETH R. BING

4/5/96

904-886-9944

Date

Daytime Phone

CR2E034 (3/96)