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PROFIT CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE Sandra B. Morthan

Secretary of State
Division OF CORPORATIONS

DOCUMENT # P95000052758 (6)

R & S HI-LIGHTERS, INC.

Principal Place of Business

Mailing Address



2235 TURNBERRY DRIVE OVIEDO FL 32765		2235 TURNBERRY DRIVE OVIEDO FL 32765					
					3. Date Incorporated or Qualified 07/03/1995	3a. Date of La	ist Report
Principal Place of Business The Principal Place of Business		2a. Mailing Address 26		4. FEI Number 59 - 333 8863	<u> </u>	Applied For	
Suite, Apt. #	#, etc.	Suite, Apt. #, etc.					Not Applicable
22		27			5. Gertificate of Status Desired		.75 Additional ee Required
City & State		City & State			Election Campaign Financing Trust Fund Contribution	\$!	5.00 May Be
Zip 24	25 Country	Ζφ 29	Count	ſy	This corporation has liability for in Florida Statutes		
	9. Name and Address of Currer	nt Registered Agent			10. Name and Address of New Re		
MONDA	OF DODERT		8	1 Name			
Monroe, Robert 2235 Turnberry Drive			8:	82 Street Address (P.O. Box Number is Not Acceptable)			
OVIEDO	O FL 32765		8	3			
			84			FI 85	Zip Code
11. Pursuant to or registere familiar with	the provisions of Sections 607,0502 ed agent, or both, in the State of Fiori	rand 607.1508, Florida Stat dal Such change was author	utes, the above rized by the cor	named corpor peration's boa	ration submits this statement for the purp ard of directors. I hereby accept the appoi		its registered office
SIGNATURE	n, and accept the obligations of Sect	ion 607.0505, Florida Statut	es		and the displacement of th	mment as registe	neu agent ram
š	Speakure typed or portled many of regulations ages :	and the day hear of	NOTE Frequencial	rd Soludian require	who parabate a	DA't	
12.	OFFICERS AN	DIDE CTODE		——————————————————————————————————————			
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certify that the information information supplied with this thing is voluntarly furnished and does not qualfy 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 appears in Block 12 or Block 13 of changed, or on an attachment with an address.

SIGNATURE:

Modest Mowe C SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

127/ 96 (401) 281-3237