


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Apr 21 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # <u>P96 000045478</u> 1. Corporation Name <u>RHINOSHIELD, INC.</u>			
Principal Place of Business <u>1660 NW 23 AVE</u> <u>FT. LAUDERDALE, FL 33311</u>		Mailing Address <u>1660 NW 23 AVE</u> <u>FT. LAUDERDALE, FL 33311</u>	
2. Principal Place of Business 21 <u>2740 E OAKLAND PARK BLVD</u> Suite, Apt. #, etc. 22 <u>204</u> City & State 23 <u>FT. LAUDERDALE, FL</u> Zip 24 <u>33306</u> Country		2a. Mailing Address 26 <u>2740 E. OAKLAND PARK BLVD</u> Suite, Apt. #, etc. 27 <u>204</u> City & State 28 <u>FT. LAUDERDALE, FL</u> Zip 29 <u>33306</u> Country	
3. Date Incorporated or Qualified <u>05/29/96</u>		3a. Date of Last Report _____	
4. FEI Number _____		<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" 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 checked="" type="checkbox"/> No			
9. Name and Address of Current Registered Agent <u>EUGENE WEINER</u> <u>2841 N. OCEAN BLVD #1604</u> <u>FT. LAUDERDALE, FL 33308</u>		10. Name and Address of New Registered Agent B1 Name <u>EUGENE WEINER</u> B2 Street Address (P.O. Box Number is Not Acceptable) <u>2740 E. OAKLAND PARK BLVD #204</u> B3 _____ B4 City <u>FT. LAUDERDALE</u> <u>FL</u> B5 Zip Code <u>33306</u>	
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 <u>EUGENE WEINER</u> <u>4/16/97</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>			
12. OFFICERS AND DIRECTORS			
TITLE	<u>D</u> <input type="checkbox"/> DELETE		
NAME	<u>EUGENE WEINER</u>		
STREET ADDRESS	<u>2841 N OCEAN BLVD #1604</u>		
CITY-ST-ZIP	<u>FT. LAUDERDALE, FL 33308</u>		
TITLE	<u>D</u> <input type="checkbox"/> DELETE		
NAME	<u>PENNY VENEUR</u>		
STREET ADDRESS	<u>190 SW 77 AVE</u>		
CITY-ST-ZIP	<u>MARGATE, FL 33068</u>		
TITLE	<u>D</u> <input type="checkbox"/> DELETE		
NAME	<u>MABEL ROSTANT</u>		
STREET ADDRESS	<u>2841 N. OCEAN BLVD #1604</u>		
CITY-ST-ZIP	<u>FT. LAUDERDALE, FL 33308</u>		
TITLE	<input type="checkbox"/> DELETE		
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE	<input type="checkbox"/> DELETE		
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
1.1 TITLE	<u>PRESIDENT</u> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY-ST-ZIP			
2.1 TITLE	<u>VICE PRESIDENT/SECRETARY</u> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE	<u>TREASURER</u> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			
14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 190.03(3), 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: <u>EUGENE WEINER</u> <u>4/16/97</u> <u>(954) 566-6165</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			