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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

FILED

Mar 17 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997 DOCUMENT # P96000100514 (4)

14. I do hereby certify that the information supplied with this filing doe

SIGNATURE:

R&S ENTERPRISES, INC.

Principal Place of Basiness Mailing Address 6342 FOREST HILL BLVD 6342 FOREST HILL BLVD **SUITE 240** SUITE 240 WEST PALM BEACH FL 33415 WEST PALM BEACH FL 33415-6104 3. Date Incorporated or Qualified 3a. Date of Last Report Principal Page of Busingss 574 Shady Pine Way 12/12/1996 2a. Mailing Address 4. FEI Number Applied For Not Applicable Suite, Apl. #, etc \$8.75 Additional 5. Certificate of Status Desired Fee Required City & State 6. Election Campaign Financing \$5.00 May Be 23 WEST PALM BEACH **Trust Fund Contribution** Added to Fees Country This corporation has liability for intangible tax under s. 199.032, 29 Yes **X** No 30 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name REEVES, CRAIG A 6342 FOREST HILL BLVD Street Address (P.O. Box Number is Not Acceptable) **SUITE 240** 83 **WEST PALM BEACH FL 33415** 84 City Zip Code 11. Pursuant to the provisions of Spottor's 607,0502 and t07,1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or reputered agent, or both lin the State of Flydia. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I have with, and accept the obligation of, Section 607,0505, Florida Statutes. SIGNATU (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 RECTORS 12. OFFICERS AN 13. OFLETE Change Addition 141-8 1.1 TITLE REEVES, CRAIG NAME 1.2 NAME 6342 FOREST HILL BLVD, SUITE 240 STREET ADDRESS 1.3 STREET ADDRESS WEST PALM BEACH FL 33415 00°V - \$1 - 76 1.4 CITY - ST - 2(P DELETE 21 1/116 Change Addition 180 NAMI 2 2 NAME STREET ACCIDITION 2.3 STREET ADDRESS CITY-St 76 2 4 CITY-ST-ZIP DELETE Change Addition THE 3.1 TITLE NONE 3 2 NAME STREET ASSOCIATION 3.3 STREET ADDRESS 005 St 7 2 34 CHY-ST-ZIP DEL E 1 E 1.01 4 1 TITLE Change Addition NAME 4 2 NAME \$18LECASIDADS 4.3 STREET ADDRESS $(0 \le S^{1}/\hbar^{p})$ 4 4 CITY-ST-ZIP DELETE 10001 5 1 TITLE Change Addition Nahii 5.2 NAME STREET ASSOCIACY 5.3 STREET ADDRESS 5 4 CITY-ST-ZIP CIN-SI-ZE DELETE 6.1 TITLE Change Addition THE NAME 62 NAME 6 3 STREET ADDRESS Street Abordiss 6 CITY-ST-ZIP

information individues this annual report of 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 observe or director of this corporation or the receiver or frugles empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name

not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the