

FILED
Apr 22, 1999 8:00 am
Secretary of State

04-22-1999 90174 049 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P98000037499

1. Corporation Name

FLORIDA RSI/DELRAY, INC.

Principal Place of Business 1740 NW 2ND ST. DELRAY BEACH FL 33444	Mailing Address 1740 NW 2ND ST. DELRAY BEACH FL 33444
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 04/24/1998	
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number 65-0836259		Applied For Not Applicable	
22 City & State	27 City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip	28 Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Country	29 Country	8. This corporation owes the current year Intangible Personal Property Tax.		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

ROSENTHAL, JEFFREY H
2424 N. FEDERAL HWY., SUITE 460
BOCA RATON FL 33431

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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 signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PUGH, RONALD J	1.2 NAME	
STREET ADDRESS	66 RED SABLE	1.3 STREET ADDRESS	
CITY-ST-ZIP	THE WOODLANDS TX 77380	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PERELLA, ALVIN A JR.	2.2 NAME	
STREET ADDRESS	3520 BEVERLY DR.	2.3 STREET ADDRESS	
CITY-ST-ZIP	DALLAS TX 75205	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRIGGS, MICHAEL J	3.2 NAME	
STREET ADDRESS	3612 DIANE DR.	3.3 STREET ADDRESS	
CITY-ST-ZIP	BOYNTON BCH FL 33435	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALBRIGHT, FREDRICK H JR.	4.2 NAME	
STREET ADDRESS	1515 15TH LANE	4.3 STREET ADDRESS	
CITY-ST-ZIP	PALM BCH GARDENS FL 33418	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KENNEDY, JAMES D JR.	5.2 NAME	
STREET ADDRESS	5341 ST. CHARLES	5.3 STREET ADDRESS	
CITY-ST-ZIP	NEW ORLEANS LA 70115	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BURNS, RODNEY	6.2 NAME	
STREET ADDRESS	2231 HIGH PT.	6.3 STREET ADDRESS	
CITY-ST-ZIP	CARROLTON TX 75007	6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, with all other like empowered.

SIGNATURE:

RONALD J. PUGH
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 20, 1999 (281) 447-7759

Date

Daytime Phone #

CR2E034 (1/98)