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PROFIT CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortnam

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporation Name S17307

(7)

RS REALTY, INC.



								,II 1111 100î	
Principal Place o	of Business	Mailing Address							
1901 S OCEAN BLVD 1901 S OCEAN BLVD SHITE 505									
SUITE 505 BOCA RATON FL 33432			BOCA RATON FL 33432		3. Date Incorporated or Qualified 3a. Date o			of Last Report	
					12/10/1990	03/	14/1995)	
Dringwood Disk	on of Business	2a, Mailing Address			4. FEI Number	_1		oplied For	
Principal Place of Business		26	- F = 1		0000000		ot Applicable		
Suite, Apt. #, etc.		Surte, Apt. #, etc.	Surte, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required			
City & State		Oty & Stale	Oty & Stale		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees			
	Country	28 Zip	Coun	itry	8. This corporation has liability for	intangible ta			
Zip N	Country	2 m	30	,	Florida Statutes	⊅ No			
	9. Name and Address of Cui		1201		10. Name and Address of New F	legistered A	lgent		
	g. Halle alla Address of Cal			81 Name					
AUEDD F	NT1		-	00 00 00 00	ess (P.O. Box Number is Not Acceptat	nie)			
SHERB, F	:AE	82 Street Addr		ess (F.O. Box Number is Not recopilate	<i>y</i> 0,				
	uth ocean Blvd., Suite 5 Aton Fl 33432	05	F	83					
BUCA KA	41UN FL 33432			24 04			85 Zip	Code	
			1	84 City	ation submits this statement for the pure	FL			
12.		AND DIRECTORS	13.		ADDITIONS/CHANGES TO OF			RS IN 12 Addition	
SIGNATURE	Signative is part or printed name of inspalence	<u> </u>		Apert synature require	ADDITIONS/CHANGES TO OF	ICERS AND	DIRECTO!	3S IN 12	
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certify that the information indicated on this armust report or supplemental almost report is the and accurate and that my signature shart have two 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, F appears in Block 12 or Block 13 if changed, or on an attachment with an address

SIGNATURE:

SIGNTURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Deptone Phone #