SECOND N	OTICE: CORPORATION	WILL BE DISSOLVED ON	OR AFTER A	UGUST 7	, 1996. (ATE: \$375 )			
P CORF ANNU	ROFIT PORATION AL REPORT	FLOF	Ft ORIDA DEPARTMENT OF STATE  Sandra B. Mortham  Secretary of State  DIVISION OF CORPORATIONS					
DOCUM	MENT # S94	4068	(1)					
RJH ASSOCIATES, INC-								
10111100	,00 ji (120) ji (0.							
Principal Place		Mailing Addr				1 10011080 110 10111 81011 00110 01108 10	II <b>Biği Biği</b>	DIA BIBUT BIBUT ALBER (AB)
681 BROADVIEV BOCA RATON			81 BROADVIEW DR. JOCA RATON FL 33431				I.a. Dat	e of Last Report
						3. Date Incorporated or Qualified 11/14/1991		02/1995
2. Principal Pla	ice of Rusiness	2a. Mailing A	2a. Mading Address			4, FEI Number 65-0307380		Applied For Not Applicable
Suite, Apt #	, etc	Suite, Ap	Suite, Apt. #. etc			5, Cert-licate of Status Desired		\$8.75 Additional Fee Required
City & State		City & Str	City & State			Election Campaign Financing     Trust Fund Contribution		\$5.00 May Be Added to Fees
Zip 24	Country 25	Zip		Count	гу	8. This corporation has hability for Florida Statutes	intangible ta	ax under s. 199.032, No
		of Current Registered Age		8	1 Name	10. Name and Address of New Re	gistered A	gent
HENDERSON, ROBERT J.						dress (P.O. Box Number is Not Acceptal	n'e)	
BOCA RATON FL 33431					3			
					84 City			
	(0-1)		lor de Chalutae		1,	poration submits this statement for the p	FL purpose of cl	
office or re	a stored agent, or hole, in	is 607:0502 and 607:1506, F i the State of Florida. Such of tithe obligations of, Section 6	hacce was aut	thorized b	v the coroora	tion's board of directors. Thereby accep	of the appoin	itment as registered
SIGNATURE	Signature is perfor professioner of	re justiced argent and title if applicable	(NOTE	Bog stered A	gent signature requ	pred when reinstaling	DATE	
12.		ICERS AND DIRECTORS	DELETE	13.		ADDITIONS/CHANGES TO OFFI	CERS AND	DIRECTORS IN 12 Change Add tion
TITLE NAME	D HENDERSON, ROBE	:RT J.	L_J BEEFE				<b>L</b> .	4
STREET ADDRESS	681 BROADVIEW DR	<b>?</b> .			ET ADDRESS			Change   Apdulon   O
CITY - ST - ZIP TITLE	BOCA RATON FL 33	3431	DECETE	14 CITY 2 1 TITLE	ST - ZIP			Change Addition
NAME		_		2 2 NAM	ſ			
STREET ADDRESS					ET ADDRESS			
CITY - ST - ZIP TITLE			DELETE	3 1 Till L	- ST - ZIP :			Change Addition
NAME				3 2 NAM	E			
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CITY-ST-ZIP TITLE			DELETE	4 1 TiTL				Change Addition
NAME				4 2 NAN				
STREET ADDRESS					ET ADDRESS - ST-ZIP			
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NAME				5 2 NAM				
STREET ADDRESS CITY-ST-ZIP					- ST - ZIP			
TITLE			DELETE	61 TITL			[	Change Addition
NAME				6.2 NAV				
STREET ADDRESS CITY STIZIP				1	EFF ADORESS			
	y certify that the information in	on supplied with this filing is dicated on this annual repor	voluntarily furr t or supplemen	and an included an include	d door not o	alify for the exemption stated in Section and accurate and that my signature sh	119 07(3)(k all have the	), Florida Statules I same legal effect as if
made und that my na	ler oath, that I am an office thie appears in Block 12 o	er or amecan of the corporati or Bluck I all changed, or on	on or the recei an attachment	iver or trus t with an a	stee empower ddress	ianly for the exemption stated in execution e and accurate and that my signature sho red to execute this report as required by	Uhapter 61	7. Florida Statutes; and
SIGNAT		16 Dent	L_		•	6/15/96	(54)	368-5943
J. J. 17.1	SIGNATURE A	AND TYPED OR PRINTED NAME OF S	IGNING OFFICER C	OR DIRECTO	8	Üa,	C Da	iyl 6 ie Ptolær∎