

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **V18690** (0)

1. Corporation Name
RPSA TWO, INC.



Principal Place of Business

~~2420 ENTERPRISE ROAD
SUITE 105
CLEARWATER FL 34622~~

Mailing Address

~~2420 ENTERPRISE ROAD
SUITE 105
CLEARWATER FL 34622~~

2. Principal Place of Business	2a. Mailing Address
21 3040 GULF TO BAY BLVD	25 3040 GULF TO BAY BLVD
Suite, Apt. #, etc. #205	Suite, Apt. #, etc. #205
22 City & State CLEARWATER FL	27 City & State CLEARWATER FL
23 Zip 34619 Country US	28 Zip 34619 Country US
24	30

3. Date Incorporated or Qualified 03/04/1992	3a. Date of Last Report 05/01/1995
4. FEI Number 59-3109510	Applied For Not Applicable
5. Certificate of Status Desired <input 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 type="checkbox"/> No	

9. Name and Address of Current Registered Agent

POSTON, WILLIAM G
2420 ENTERPRISE ROAD, SUITE 105
NSI MANAGEMENT, INC
CLEARWATER FL 34622

10. Name and Address of New Registered Agent

81 Name POSTON, WILLIAM G.
82 Street Address (P.O. Box Number is Not Acceptable) c/o NSI MANAGEMENT, INC.
83 3040 GULF TO BAY BLVD. #205
84 City CLEARWATER FL 85 Zip Code 34619

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 *William G. Poston*

Signature typed or printed name of registered agent and true if applicable

DATE *3/1/96*

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1.1 TITLE	1.2 NAME
STREET ADDRESS	STREET ADDRESS	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP
CITY - ST - ZIP	CITY - ST - ZIP	2.1 TITLE	2.2 NAME
		2.3 STREET ADDRESS	2.4 CITY - ST - ZIP
		3.1 TITLE	3.2 NAME
		3.3 STREET ADDRESS	3.4 CITY - ST - ZIP
		4.1 TITLE	4.2 NAME
		4.3 STREET ADDRESS	4.4 CITY - ST - ZIP
		5.1 TITLE	5.2 NAME
		5.3 STREET ADDRESS	5.4 CITY - ST - ZIP
		6.1 TITLE	6.2 NAME
		6.3 STREET ADDRESS	6.4 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

P. O'Neill

PATRICK J. O'NEILL

3/1/96

313-534-4040

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

DATE/TIME/PHONE #

CR2E034 (12/95)