FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **V18691** **(8)**

1. Corporation Name

RPSA ONE, INC.

Principal Place of Business	Mailing Address
~~2420 ENTERPRISE ROAD~~ ~~SUITE 105~~ ~~CLEARWATER FL 34623~~	~~2420 ENTERPRISE ROAD~~ ~~SUITE 105~~ ~~CLEARWATER FL 34623~~

2. Principal Place of Business 21 3040 GULF TO BAY BLVD	2a. Mailing Address 26 3040 GULF TO BAY
Suite, Apt. #, etc. 22 #205	Suite, Apt. #, etc. 27 #205
City & State 23 CLEARWATER FL	City & State 28 CLEARWATER FL
Zip 24 34619 Country 25 US	Zip 29 34619 Country 30 US

3. Date Incorporated or Qualified 03/04/1992	3a. Date of Last Report 05/01/1995
4. FEI Number 59-3109508	☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	**$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	**$5.00** May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No	

9. Name and Address of Current Registered Agent

POSTON, WILLIAM G
NSI MANAGEMENT INC
~~**2420 ENTERPRISE RD STE 106**~~
~~**CLEARWATER FL 34623**~~

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: 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 D Poston 3/1/96
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required by law) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	POST O'NEILL, PATRICK J 24715 FIVE MILE RD REDFORD MI	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

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 — Daytime Phone #

CR2E034 (12/95)