

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 # **650731**

1. Corporation Name

RA CENTERS MANAGEMENT CORP. ~~RA CENTERS MANAGEMENT CORP.~~

Principal Place of Business

1001 W. Cypress Crk Rd
suite 306G
Ft. Lauderdale, FL 33309

Mailing Address

1001 W. Cypress Crk
suite 306G
Ft. Lauderdale, FL
33309

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

25 Country

29 Zip

30 Country

9. Name and Address of Current Registered Agent

RECALDE, SANDRA M
1001 W Cypress Creek Rd 306G
Ft. Lauderdale, FL 33309

3. Date Incorporated or Qualified

7/21/93

3a. Date of Last Report

4. FEI Number

59-2371988

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

10. Name and Address of New Registered Agent

81 Name

JO WATERS

82 Street Address (P.O. Box Number is Not Acceptable)

1001 W. Cypress Creek Rd, 306G

83

84 City

Ft. Lauderdale

FL

85 Zip Code: 33309

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 *Jo Waters*

President

5/24/96

(Signature typed or printed in block)

(Print in block)

(Date)

12. OFFICERS AND DIRECTORS		<input checked="" type="checkbox"/> DELETE	
TITLE	PDS		<input checked="" type="checkbox"/> DELETE
NAME	RECALDE, SANDRA		
STREET ADDRESS	1001 W Cypress Creek Rd 306G		
CITY - ST - ZIP	Ft. Lauderdale, FL 33309		
TITLE	VP		<input type="checkbox"/> DELETE
NAME	POLITIS, JAMES		
STREET ADDRESS	1001 W Cypress Creek Rd 306G		
CITY - ST - ZIP	Ft. Lauderdale, FL 33309		
TITLE	VPD		<input type="checkbox"/> DELETE
NAME	POLITIS, AMANDA		
STREET ADDRESS	1001 W. Cypress Creek Rd 306G		
CITY - ST - ZIP	Ft. Lauderdale, FL 33309		
TITLE			<input type="checkbox"/> DELETE
NAME			
STREET ADDRESS			
CITY - ST - ZIP			
TITLE			<input type="checkbox"/> DELETE
NAME			
STREET ADDRESS			
CITY - ST - ZIP			

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
11 TITLE	PDS		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME	WATERS, JO		
13 STREET ADDRESS	1001 W Cypress Creek Rd 306G		
14 CITY - ST - ZIP	Ft. Lauderdale, FL 33309		
21 TITLE	EXEC. VP & DIRECTOR		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME			
23 STREET ADDRESS			
24 CITY - ST - ZIP			
31 TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME			
33 STREET ADDRESS			
34 CITY - ST - ZIP			
41 TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME			
43 STREET ADDRESS			
44 CITY - ST - ZIP			
51 TITLE	300001845483		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME			
53 STREET ADDRESS	-05/31/96--01020--007		
54 CITY - ST - ZIP	***200.00		
61 TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME			
63 STREET ADDRESS			
64 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 *Jo Waters*

JO WATERS, President 5/24/96 954/491-2644

(Signature typed or printed name of signing officer or director)

(Date)

(Type in block)

CR2E034 (12/95)