

**FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00**

**FILED**  
**May 06 1997 8:00am**  
**Secretary of State**

**PROFIT CORPORATION ANNUAL REPORT 1997**



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

**DOCUMENT # G50731 (0)**  
 1. Corporation Name  
**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 RD SUITE 306G FT. LAUDERDALE FL 33309-1900**

3. Date Incorporated or Qualified: **07/21/1983**  
 3a. Date of Last Report: **05/30/1986**

2. Principal Place of Business: **21 5533 Windrift Lane**  
 2a. Mailing Address: **26 5533 Windrift Lane**

4. FEI Number: **59-2371988**  
 Applied For:  Not Applicable

Suite, Apt. #, etc.: **22**

5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**

City & State: **23 Boca Raton, FL**  
 28 **Boca Raton, FL**

6. Election Campaign Financing:  **\$5.00 May Be Added to Fees**

Zip: **24 33433** Country: **25**  
 Zip: **28 33433** Country: **30**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

9. Name and Address of Current Registered Agent  
**WATERS, JO**  
**1001 W CYPRESS CREEK RD 306G**  
**FT. LAUDERDALE FL 33309**

10. Name and Address of New Registered Agent  
 81 Name  
 82 Street Address (P.O. Box Number is Not Acceptable): **5533 Windrift Lane**  
 83  
 84 City: **Boca Raton,** **FL** 85 Zip Code: **33433**

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** **April 24, 1997**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE

12. OFFICERS AND DIRECTORS

TITLE	<b>PDS</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>RECALDE, SANDRA</b>	
STREET ADDRESS	<b>1001 W CYPRESS CRK RD 306G</b>	
CITY-ST-ZIP	<b>FT LAUDERDALE FL</b>	
TITLE	<b>VPD</b>	<input type="checkbox"/> DELETE
NAME	<b>POLITIS, JAMES</b>	
STREET ADDRESS	<b>1001 W CYPRESS CR RD306G</b>	
CITY-ST-ZIP	<b>FT LAUD FL</b>	
TITLE	<b>VPD</b>	<input type="checkbox"/> DELETE
NAME	<b>POLITIS, AMANDA</b>	
STREET ADDRESS	<b>1001 W CYPRESS CREEK ROAD; 306G</b>	
CITY-ST-ZIP	<b>FORT LAUDERDALE FL</b>	
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

1.1 TITLE	<b>PT</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>Jo Waters</b>	
1.3 STREET ADDRESS	<b>5533 Windrift Lane</b>	
1.4 CITY-ST-ZIP	<b>Boca Raton, FL 33433</b>	
2.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS	<b>5533 Windrift Lane</b>	
2.4 CITY-ST-ZIP	<b>Boca Raton, FL 33433</b>	
3.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS	<b>5533 Windrift Lane</b>	
3.4 CITY-ST-ZIP	<b>Boca Raton, FL 33433</b>	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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 Section 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

CR2E034 (9/96)