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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

J30733

(6)

RAHENKAMP DESIGN GROUP, INC.

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FILED Apr 13 1998 8:00am Secretary of State



Principal Place of Business Mailing Address			T (ODITIÉ AIRD TITLI ROSTI TOBOD TITRO STAT BYBIT DIBLY PEDIT DIBLY DEDIT JADY			
201 E KENNEDY BL	VD	201 E KENNEDY BLVD				
SUITE 1422	.,,,	SUITE 1422			DO NOT INDITE IN THIS O	DAGE:
TAMPA FL 33602 TAMPA FL 33602					DO NOT WRITE IN THIS S	PACE.
US US					3. Date Incorporated or Qualified	
A Disease   Disease	76	I A. Mallina Address	· <del>·</del>		08/27/1986 4, FEI Number	T Applied For
2. Principal Place of	5. Watl WE	2a. Mailing Address				Applied For Not Applicab
21 00 Suite, Apt. #, etc.		Suite, Apt. #, etc.			59-2734805	\$8.75 Additional
	<del>_</del>	h			5. Certificate of Status Desired	Fee Required
City & State		City & State			6 Florian Compaign Financina	
	<b>b</b> .				6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
23 7 TO WYP	Country	28 Zip	Count		This corporation owes or has paid the current of the current	
24 33621	25	29	30	,		Yes No
	Name and Address of Current		1901		10. Name and Address of New Registered A	
<del></del>	<b></b>		8	1 Name		
	HENKAMP		-			······
)	GRANADA STREET		8	2 Street #	Address (P.O. Box Number is Not Acceptable)	
IAMPA 1	FL 33629		  8	3		
				1		
			8	4 City	FL	85 Zip Code
	207.0100	and 602 (100 Flacida Chat.	too the ebe	J. Domad		hanaina ita ragietara
11. Pursuant to the office or register	provisions of Sections 607.0502 ared agent, or both, in the State o	and 607.1508, Florida Statu f Florida, Such change was	authorized	ve-named by the corp	corporation submits this statement for the purpose of oration's board of directors. I hereby accept the apport	intment as registered
agent. I am fam	niliar with, and accept the obligati	ions of, Section 607.0505, F	lorida Statut	9 <b>S</b> .		
SIGNATURE						
<del></del>	ire, typed or printed name of registered agent			gont signature	required when reinstating) DATE	DIDECTORS IN 40
12.	OFFICERS AND	DELETE	13.	r	ADDITIONS/CHANGES TO OFFICERS AND	Change Addition
TITLE DT	• •	Detere			'	
	AHENKAMP, ERIC		1.2 NAM			
l .	10 W GRANADA			ET ADDRESS		
<del></del>	MPA FL	DELETE	1.4 CHY			Change Addition
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NAME			2.2 NAM	1		
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CITY-ST-ZIP		The street	2. 4 City			OL Addition
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CITY+ST-ZIP			3.4. CITY	- ST - ZIP		
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NAME			, 4. 2 NAN	F		
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NAME			5.2 NAM	:		
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NAME		DELETE	6.2 NAM			Change Additi
••	187. A	☐ DELETE	6.2 NAM	E ET ADDRESS		Change Additi

1 hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutos: I further certify that the informatic indicated on this annual report is supplientental 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 further portation by the receiver or trustice empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if playing do not pay administrative with an address.

alalas

612.Q25.A