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**Mar 25 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 # L85775 (9)
1. Corporation Name
RAVINES MANAGEMENT CORPORATION



Principal Place of Business Mailing Address
2932 RAVINES ROAD MIDDLEBURG FL 32068
2932 RAVINES ROAD MIDDLEBURG FL 32068-5730

3. Date Incorporated or Qualified 07/06/1990	3a. Date of Last Report 02/20/1996
4. FEI Number 59-3019313	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	

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip Country	28. Zip Country
24. 25.	29. 30.

9. Name and Address of Current Registered Agent

**KEEFE, KENNETH M. JR.
50 N. LAURA ST.
3330 BARNETT CENTER
JACKSONVILLE FL 32202**

10. Name and Address of New Registered Agent

81. Name	85. Zip Code
82. Street Address (P.O. Box Number is Not Acceptable)	FL
83.	
84. City	

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 for the period with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE (NOTE: Registered Agent signature required when reappointing) DATE

12. OFFICERS AND DIRECTORS

TITLE	SD	<input type="checkbox"/> DELETE
NAME	HYOHGO, TOHRU	
STREET ADDRESS	2932 RAVINES RD.	
CITY-ST-ZIP	MIDDLEBURG FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	SADO, HIROYUKI	
STREET ADDRESS	2932 RAVINES ROAD	
CITY-ST-ZIP	MIDDLEBURG FL	
TITLE	CD	<input type="checkbox"/> DELETE
NAME	KONDO, MITSUYOSHI	
STREET ADDRESS	2932 RAVINES ROAD	
CITY-ST-ZIP	MIDDLEBURG FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	MONAHAN, STEPHEN	
STREET ADDRESS	2932 RAVINES ROAD	
CITY-ST-ZIP	MIDDLEBURG FL	
TITLE	AVO	<input type="checkbox"/> DELETE
NAME	SADO, HIROYUKI	
STREET ADDRESS	2932 RAVINES ROAD	
CITY-ST-ZIP	MIDDLEBURG FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	KONDO, RYOICHI	
STREET ADDRESS	2932 RAVINES ROAD	
CITY-ST-ZIP	MIDDLEBURG FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
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)(i), 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:

Date: **2/21/97** (904) 282-2701

CR2E034 (9/96)