

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

002130

FILED
Apr 25, 1999 8:00 am
Secretary of State

04-25-1999 90004 028 ***300.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
---	---	--

DOCUMENT # L85775

1. Corporation Name
RAVINES MANAGEMENT CORPORATION



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

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 07/06/1990	4. FEI Number 59-3019313	Applied For Not Applicable
21	26	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
23 City & State	28 City & State	8. This corporation owes the current year intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
24 Zip	25 Country	29 Zip	30 Country	

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

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	SD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HYOHGO, TOHRU	1.2 NAME	
STREET ADDRESS	2932 RAVINES RD.	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIDDLEBURG FL	1.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SADO, HIROYUKI	2.2 NAME	
STREET ADDRESS	2932 RAVINES ROAD	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIDDLEBURG FL	2.4 CITY-ST-ZIP	
TITLE	CD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KONDO, MITSUYOSHI	3.2 NAME	
STREET ADDRESS	2932 RAVINES ROAD	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIDDLEBURG FL	3.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MONAHAN, STEPHEN	4.2 NAME	
STREET ADDRESS	2932 RAVINES ROAD	4.3 STREET ADDRESS	
CITY-ST-ZIP	MIDDLEBURG FL	4.4 CITY-ST-ZIP	
TITLE	AVO <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SADO, HIROYUKI	5.2 NAME	
STREET ADDRESS	2932 RAVINES ROAD	5.3 STREET ADDRESS	
CITY-ST-ZIP	MIDDLEBURG FL	5.4 CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KONDO, RYOICHI	6.2 NAME	
STREET ADDRESS	2932 RAVINES ROAD	6.3 STREET ADDRESS	
CITY-ST-ZIP	MIDDLEBURG FL	6.4 CITY-ST-ZIP	

14. I 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 11; or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Clayton J. Mazzola* Date: 4/5/99 Daytime Phone #: 904-282-2701

CR2E034 (11/98)