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 # P04899

(1)

FILED										
Feb	13	1998	8:00am							
Se	ecre	tary o	of State							

R.A. PA	VAPE CO.	, INC.									 <u> </u>	
Principal Plac	e of Busines	<u> </u>		ailing Address						II i nna ii ii		
					IVE							
1310 BROADWATER DRIVE 1310 BROADWATER DRIVE FORT MYERS FL 33919							=					
						 	DO NOT WRITE IN THIS SPACE					
								- 1	3. Date Incorporated or Qualified			
2. Principal P	lace of Busin	ness	28.	. Mailing Address				-	02/05/1985 4. FEI Number		Ι ΙΔε	oplied For
21				26					39-1043101			ot Applicable
Suite, Apt. #, etc				Suite, Apt. #, etc.				\neg			\$8.75	
22			27						5. Certificate of Status Desired		Fee Re	
City & State	е			City & State					6. Election Campaign Financing	_	\$5.00	May Be
23	28							Trust Fund Contribution		Added		
Zip	ŀ	Country		Zφ	—	untry		- 1	8. This corporation owes or has pa			
24		25 and Address of Curre	nt Regis	tered Agent	30	T			Personal Property Tax due June 10. Name and Address of New Re			No
DA	APE, R.A.					81	Name			u		
		VATER DRIVE					Ctrons	al al a	(DO Day Mumber to May Assessed	ula V		
	MYERS FL					82	Street Ad	aaress	(P.O. Box Number is Not Acceptate	010)		
						83			18,41			·
						84	City				85 Zip (Code
						1 1	-			FL	. ` `	
11. Pursuant	to the provisi	ions of Sections 607.05 out, or both, in the State	02 and 6	07.1508, Florida Statu	ites, the a	bove	-named c	orpora	tion submits this statement for the p s board of directors. I hereby acce	ourpose o	f changing it	s registered
agent la	m familiar wi	th, and accept the oblig	jations o	f. Section 607.0505, F	torida Sta	tutes	3.	, ution	a board of directors. Thereby accep	or tile ap	Million as	registered
SIGNATURE												
12.	Signature typed	or professionarran of registered as OFFICERS AN			13.	ed Age	nt signature re	equired w	hen reinstating) ADDITIONS/CHANGES TO OFFIC	DATE	D DIRECTOR	S IN 12
TITLE	PTD			DELETE	111	ITLE	. 1		ABBITIONS/STANGED TO STAN		Change	Addition
NAME	PAAPE,	R.A.			1.2 N	IAME						_
STREET ADDRESS		OADWATER DRIVE			1.3 \$	TREET	ADDRESS					
CITY-ST-ZIP	FT. MYE	RS FL			1.4 0	HY-\$1	T-ZIP					
TITLE	VSD			DELETE	2.1 7	ITLE					Change	Addition
NAME		Kathrine e.			2.2 8	IAME			* 60			
STREET ADDRESS		OADWATER DRIVE			2.3 9	TREET	ADDRESS			•		
CITY-ST-ZIP	FT. MYE	RS FL				CITY - S	ST-ZIP					
TITLE				DELETE	3.1 7						Change	Addition
NAME					32 N	-						
STREET ADDRESS							ADDRESS					
CITY-ST-ZIP TITLE				DELETE		CITY-S	IT-ZIP				Change	Addition
NAME				LJ UKKETE	4.1 T						unange	ADDITION [
STREET ADDRESS						NAME	ADDRESS					
CITY-SI-ZIP						ITY-SI						
TITLE				DELETE	5.1 T		. 211				Change	Addition
NAME					5.2 N							
STREET ADDRESS							ADDRESS					
CITY-ST-ZIP						ITY-\$1						
TITLE				☐ DELETE	6.1 T						Change	Addition
NAME					6.2 N	AME						
STREET ADDRESS					6.3 S	TREET	ADDRESS					
CITY-ST-ZIP						ITY-SI						
14. I hereby c	certify that the	information supplied v	vilo this f	iling does not qualify t	for the ex	empi	ion stated	in Sec	ction 119.07(3)(i), Florida Statutes, I	further co	erlify that the	information

Information the information supplied with this filling closes not quality for the exemption stated in Section 119.0 (3)(), Florida Statutes. Turner certify that the information indicated on this annual report or supplemental arrival 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 chargond, or on an attachment with an address