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

PROFIT CORPORATION **ANNUAL REPORT**

1998

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #
1. Corporation Name

RAWAN INVESTMENTS, INC.

(6)

Mailing Address

FILED May 06 1998 8:00am Secretary of State



	D MAHONEY, COHEN, PAUL & CO TH 8TREET, 12TH FLOOR IY 10018-2506	C/O BERLAND - MAH 111 WEST 40TH STRE NEW YORK NY 10018:	ET. 12TH FLOOR	UL & CO	DO NOT WRITE IN THIS 3. Date Incorporated or Qualified 03/07/1985	SPACE
2. Principal Place of Business 28.		2a. Mailing Address	s. Mailing Address		4. FEI Number	Applied For
21		26			04-2848506	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc. 27			5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State			6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 24	Country 25	Zip 29	Country 30			Yes No
	9. Name and Address of Currer	nt Registered Agent			10. Name and Address of New Registered	Agent
	CORPORATION SYSTEM		81 Na	ame		
	00 SOU TH PINE ISLAND ROAD NITATION FL 33324			reet Addres	ss (P.O. Box Number is Not Acceptable)	
			83			
			84 Ci	ity	FI	85 Zip Code
office or re	o the provisions of Sections 607.050 egistered agent, or both, in the State in familiar with, and accept the oblig	of Florida, Such change was	s authorized by the	med corpor corporation	ration submits this statement for the purpose on's board of directors. I hereby accept the applications of the purpose of the	of changing its registered pointment as registered
0.0,0,0,0	Signature, typed or printed name of registered again		OTE Registered Agent sig	gnature required		
12.	OFFICERS AN	D DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AN	
TITLE	NASHAR, MAHMOUD M.	☐ DELETE	. 1.1 TITLE	1		☐ Change ☐ Addition
NAME	PO BOX 6697, NA		1.2 NAME			
STREET ADDRESS	JEDDAH, SAUDI ARABIA		1.3 STREET ADDR			
CITY-ST-ZIP	AS	DELETE	1.4 CITY - ST - ZIP			Change Addition
TITLE	BARNETT, CYNTHIA FAYE	[] DECERTE	2.1 TITLE	-		
NAME	150 FEDERAL ST		2.2 NAME	DE DE		
STREET ADDRESS	BOSTON MA		2.3 STREET ADDR 2. 4 CITY - S1 - ZIF		No.	
CITY-ST-ZIP TITLE	\$	DELETE	3.1 TITLE	<u> </u>		Change Addition
NAME	SHACHOY, NORMAN J.	<u></u>	3.2 NAME			
STREET ADDRESS	150 FEDERAL ST		3.3 STREET ADDR	RESS		
CITY-ST-ZIP	BOSTON MA		3.4. CITY - ST - ZIF			
TITLE		DELETE	4.1 TITLE			Change Addition
NAME			4. 2 NAME			•
STREET ADDRESS			4.3 STREET ADDR	RESS		
CITY-ST-ZIP			4.4 CITY - ST - ZIP	1		
TITLE		DELETE	5.1 TITLE			Change Addition
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET ADDR	RESS		
CITY-ST-ZIP			5.4 CITY - ST - ZIP	,)
TITLE		☐ DELETE	6.1 TITLE			Change Addition
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET ADDR	RESS		

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 suppliemental 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.