

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN - 1 AM 10:00

DOCUMENT # P93000047271 (0)

1. Corporation Name
RAISA HOMES, INC.

Principal Place of Business Mailing Address
**8181 NW 91 TER
BAY 1
MEDLEY FL 33166** **8181 NW 91 TER
BAY 1
MEDLEY FL 33166**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **06/28/1993** 3a. Date of Last Report **03/21/1994**

2. Principal Place of Business 2a. Mailing Address

21 26

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4. FEI Number **65-0429520** Applied For Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under § 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**OSMAN, L. MICHAEL
1474-A W 84 ST
HALEAH FL 33014-3363**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 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 of officer or director of corporation, agent and the corporation)

(Signature of Registered Agent or person to register when residing)

(Date)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **VP**
NAME **MARRERO, HECTOR**
STREET ADDRESS **8181 NW 91 TER BAY 1**
CITY, ST, ZIP **MEDLEY FL**

11 TITLE Change Addition
12 NAME
13 STREET ADDRESS
14 CITY, ST, ZIP

TITLE **P**
NAME **RAFULS, RICHARD**
STREET ADDRESS **8181 NW 91 TER BAY 1**
CITY, ST, ZIP **MEDLEY FL**

21 TITLE Change Addition
22 NAME
23 STREET ADDRESS
24 CITY, ST, ZIP

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

31 TITLE Change Addition
32 NAME
33 STREET ADDRESS
34 CITY, ST, ZIP

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

41 TITLE Change Addition
42 NAME
43 STREET ADDRESS
44 CITY, ST, ZIP

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

51 TITLE Change Addition
52 NAME
53 STREET ADDRESS
54 CITY, ST, ZIP

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

61 TITLE Change Addition
62 NAME
63 STREET ADDRESS
64 CITY, ST, ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(B), Florida Statutes. I further certify that the information indicated on this annual report or supplementary 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 manager or true and lawful agent to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report or on an attachment with an addendum.

SIGNATURE:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature Number

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

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DIVISION OF CORPORATIONS

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DIVISION OF CORPORATIONS

DOCUMENT # P93000047327 (0)

95 MAY 12 12:01

1. Corporation Name

CCP SYSTEMS & DESIGN INC.

Principal Place of Business

Mailing Address

**1575 CROWFOOT CIRCLE SOUTH
HOFFMAN ESTATES IL 60194**

**1575 CROWFOOT CIRCLE SOUTH
HOFFMAN ESTATES IL 60194**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/06/1993

3a. Date of Last Report

04/29/1994

2. Principal Place of Business

2a. Mailing Address

21 **6404 MANATEE AVE W**

25 **SAME**

4. FEI Number

58-2059138

Applied For

Not Applicable

22. State, Apt. #, etc.

SUITE H

27. State, Apt. #, etc.

SAME

5. Certificate of Status Desired

**\$8.75 Additional
Fee Required**

23. City & State

BRADENTON FL

28. City & State

BRADENTON FL

6. Election Campaign Financing

**\$5.00 May Be
Added to Fees**

24. Zip

34209

25. County

MANATEE

29. Zip

34209

30. Country

USA

8. This corporation has liability for intangible tax under S. 199.032

Florida Statutes Yes No

9. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
1201 NAYS ST.
TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent

81 Name **JOHN A. GERTKEN**
82 Street Address (P.O. Box Number is Not Acceptable) **6404 MANATEE AVE W**
83 **SUITE H**
84 City **BRADENTON** FL 85 Zip Code **34209**

11. Pursuant to the provisions of Sections 607 (0602) and 607 (0608), 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, Sections 607 (0602) and 607 (0608), Florida Statutes.

SIGNATURE

John A. Gertken

5/20/95
DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY, ST, ZIP
D	GERTKEN, JOHN A	1575 CROWFOOT CIRCLE SOUTH	HOFFMAN ESTATES IL 60194

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY, ST, ZIP	Change	Addition
				<input checked="" type="checkbox"/>	<input type="checkbox"/>
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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the description stated in Section 119.07(3)(b), 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:

John A. Gertken

SIGNATURE AND TYPED OR PRINTED NAME OF BOILING OFFICER OR DIRECTOR

5/20/95 813-792-8258

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