

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT CORPORATION
 ANNUAL REPORT
 1996



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

DOCUMENT # **P95000032240 (0)**

1. Corporation Name

R.A.S. OF ST. PETE BEACH, INC.



Principal Place of Business

Mailing Address

**877 EXECUTIVE CENTER DR. W.
 SUITE 303
 ST. PETERSBURG FL 33702**

**877 EXECUTIVE CENTER DR. W.
 SUITE 303
 ST. PETERSBURG FL 33702**

3. Date Incorporated or Qualified

3a. Date of Last Report

04/25/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt #, etc.

Suite, Apt #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MASCARA, ERNEST L
 877 EXECUTIVE CENTER DR. W.
 SUITE 303
 ST. PETERSBURG FL 33702**

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 corporation (to be typed or printed name of agent)

Signature of Registered Agent (to be typed or printed name of agent)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
<input checked="" type="checkbox"/>	D MASCARA, ERNEST L	877 EXECUTIVE CENTER DR. W., #303	ST. PETERSBURG FL 33702	<input checked="" type="checkbox"/>
<input type="checkbox"/>				<input type="checkbox"/>
<input type="checkbox"/>				<input type="checkbox"/>
<input type="checkbox"/>				<input type="checkbox"/>
<input type="checkbox"/>				<input type="checkbox"/>
<input type="checkbox"/>				<input type="checkbox"/>
<input type="checkbox"/>				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	CHANGE	ADDITION
D/P	Richard Symonds	3700 Gulf Boulevard	St. Pete Beach, FL 33706	<input type="checkbox"/>	<input checked="" type="checkbox"/>
D/VP	Ann Symonds	3700 Gulf Boulevard	St. Pete Beach, FL 33706	<input type="checkbox"/>	<input checked="" type="checkbox"/>
D/S	Debra Hill	3700 Gulf Boulevard	St. Pete Beach, FL 33706	<input type="checkbox"/>	<input checked="" type="checkbox"/>
D/T	Dennis Hill	3700 Gulf Boulevard	St. Pete Beach, FL 33706	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 119.07(3)(k), 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

[Handwritten Signature]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/8/96

813/360/1547
 C.S. 7/26/96

CR2E034 (3/96)