

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

**FILED**  
**Jun 01 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P95000032240 (0)**  
 1. Corporation Name  
**R.A.S. OF ST. PETE BEACH, INC.**



Principal Place of Business <b>877 EXECUTIVE CENTER DR. W. SUITE 303 ST. PETERSBURG FL 33702</b>	Mailing Address <b>877 EXECUTIVE CENTER DR. W. SUITE 303 ST. PETERSBURG FL 33702</b>
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>04/25/1995</b>
4. FEI Number <b>59-3315653</b>
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Country
24. Country	29. Zip
25. Country	30. Country

**9. Name and Address of Current Registered Agent**

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

**10. Name and Address of New Registered Agent**

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83. City
84. City <b>FL</b> 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**12. OFFICERS AND DIRECTORS**

TITLE	DP	<input type="checkbox"/> DELETE
NAME	SYMONDS, RICHARD	
STREET ADDRESS	3700 GULF BOULEVARD	
CITY-ST-ZIP	ST. PETE BCH FL 33706	
TITLE	DVP	<input type="checkbox"/> DELETE
NAME	SYMONDS, ANN	
STREET ADDRESS	3700 GULF BOULEVARD	
CITY-ST-ZIP	ST. PETE BCH FL 33706	
TITLE	DS	<input type="checkbox"/> DELETE
NAME	HILL, DEBRA	
STREET ADDRESS	3700 GULF BOULEVARD	
CITY-ST-ZIP	ST. PETE BCH FL 33706	
TITLE	DT	<input type="checkbox"/> DELETE
NAME	HALL, DENNIS	
STREET ADDRESS	3700 GULF BOULEVARD	
CITY-ST-ZIP	ST. PETE BCH FL 33706	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

**400002544534**  
**-06/02/98--01031--045**  
**\*\*\*5850.00**

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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* Richard Symonds Pres 4-28-98 813-579-1200

CR2E034 (10/97)