

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

FILED
Feb 29 1996 8:00 am
Secretary of State

DOCUMENT # **P95000092834 (7)**

1. Corporation Name

RAKE BROTHERS ENTERPRISES, INC.



Principal Place of Business

**370 4TH AVENUE SOUTH
JACKSONVILLE BEACH FL 32250**

Mailing Address

**370 4TH AVENUE SOUTH
JACKSONVILLE BEACH FL 32250**

3. Date Incorporated or Qualified
12/07/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

4. FET Number

59-3350326

Applied For
Not Applicable

21. Suite, Apt. #, etc.

26. Suite, Apt. #, etc.

5. Certificate of Status Desired

\$8.75 Additional Fee Required

22. City & State

27. City & State

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

23. Zip

Country

28. Zip

Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

**RAKE, HAROLD
370 4TH AVENUE SOUTH
JACKSONVILLE BEACH FL 32250**

10. Name and Address of New Registered Agent

81. Name

SAME

82. Street Address (P.O. Box Number is Not Acceptable)

83.

84. City

FL

85. Zip Code

11. Pursuant to the provisions of Sections 607.0602 and 607.1506, 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 607.0595, Florida Statutes.

SIGNATURE

Harold Rake

(Name Required Agent, Director, or Officer) DATE

12. OFFICERS AND DIRECTORS

11. TITLE	USCC PRESIDENT	<input type="checkbox"/> DELETE
12. NAME	William Brothers	
13. STREET ADDRESS	370 4th Ave South	
14. CITY-ST-ZIP	Jacksonville Beach FL 32250	
15. TITLE	President inc, sec.	<input type="checkbox"/> DELETE
16. NAME	HAROLD RAKE	
17. STREET ADDRESS	Street 370 4th Ave South	
18. CITY-ST-ZIP	JACKSONVILLE BEACH FL 32250	
19. TITLE		<input type="checkbox"/> DELETE
20. NAME		
21. STREET ADDRESS		
22. CITY-ST-ZIP		
23. TITLE		<input type="checkbox"/> DELETE
24. NAME		
25. STREET ADDRESS		
26. CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

27. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
28. NAME		
29. STREET ADDRESS		
30. CITY-ST-ZIP		
31. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32. NAME		
33. STREET ADDRESS		
34. CITY-ST-ZIP		
35. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
36. NAME		
37. STREET ADDRESS		
38. CITY-ST-ZIP		
39. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
40. NAME		
41. STREET ADDRESS		
42. CITY-ST-ZIP		
43. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
44. NAME		
45. STREET ADDRESS		
46. CITY-ST-ZIP		

14. I 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 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Harold Rake *Harold Rake*

(Name and Typed or Printed Name of Signing Officer or Director)

2-13-96 90635-4852

CR2E034 (12/95)