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FILED
Feb 06 1998 8:00am
Secretary of State

PROFIT CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P97000053686 (6)

1. Corporation Name
RAVE LEASING COMPANY



Principal Place of Business Mailing Address
512 SOUTH NOKOMIS AVENUE **512 SOUTH NOKOMIS AVENUE**
VENICE FL 34285 **VENICE FL 34285**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		06/11/1997	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		65-0770413	
City & State		City & State		Applied For	
23		28		Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
24	25	29	30	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
SAVOCA, CHARLES J M.D. 512 SOUTH NOKOMIS AVENUE VENICE FL 34285				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				83	
				84 City	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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAVOCA, CHARLES J M.D.	1.2 NAME	
STREET ADDRESS	512 SOUTH NOKOMIS AVENUE	1.3 STREET ADDRESS	
CITY-ST-ZIP	VENICE FL 34285	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BAGA, MELECITO M.D.	2.2 NAME	
STREET ADDRESS	512 SOUTH NOKOMIS AVENUE	2.3 STREET ADDRESS	
CITY-ST-ZIP	VENICE FL 34285	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FREEMAN, JR., JOHN A M.D.	3.2 NAME	
STREET ADDRESS	512 SOUTH NOKOMIS AVENUE	3.3 STREET ADDRESS	
CITY-ST-ZIP	VENICE FL 34285	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VIHLEN, ERIC M.D.	4.2 NAME	
STREET ADDRESS	512 SOUTH NOKOMIS AVENUE	4.3 STREET ADDRESS	
CITY-ST-ZIP	VENICE FL 34285	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DIAMOND, KELLY M.D.	5.2 NAME	
STREET ADDRESS	512 SOUTH NOKOMIS AVENUE	5.3 STREET ADDRESS	
CITY-ST-ZIP	VENICE FL 34285	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ERQUIAGA, EUGENIO M.D.	6.2 NAME	
STREET ADDRESS	512 SOUTH NOKOMIS AVENUE	6.3 STREET ADDRESS	
CITY-ST-ZIP	VENICE FL 34285	6.4 CITY-ST-ZIP	

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 supplement of 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: _____

1-14-98

CR2E034 (10/97)