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Mar 08, 1999 8:00 am
Secretary of State

03-08-1999 90108 030 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000053686

1. Corporation Name
RAVE LEASING COMPANY

Principal Place of Business 512 SOUTH NOKOMIS AVENUE VENICE FL 34285	Mailing Address 512 SOUTH NOKOMIS AVENUE VENICE FL 34285
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DO NOT WRITE IN THIS SPACE

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

3. Date Incorporated or Qualified 06/11/1997
4. FEI Number 65-0770413
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

SAVOCA, CHARLES J M.D.
512 SOUTH NOKOMIS AVENUE
VENICE FL 34285

10. Name and Address of New Registered Agent

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 _____ 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	D	<input type="checkbox"/> DELETE
NAME	SAVOCA, CHARLES J M.D.	
STREET ADDRESS	512 SOUTH NOKOMIS AVENUE	
CITY-ST-ZIP	VENICE FL 34285	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BAGA, MELECITO M.D.	
STREET ADDRESS	512 SOUTH NOKOMIS AVENUE	
CITY-ST-ZIP	VENICE FL 34285	
TITLE	D	<input type="checkbox"/> DELETE
NAME	FREEMAN, JR., JOHN A M.D.	
STREET ADDRESS	512 SOUTH NOKOMIS AVENUE	
CITY-ST-ZIP	VENICE FL 34285	
TITLE	D	<input type="checkbox"/> DELETE
NAME	VIHLEN, ERIC M.D.	
STREET ADDRESS	512 SOUTH NOKOMIS AVENUE	
CITY-ST-ZIP	VENICE FL 34285	
TITLE	D	<input type="checkbox"/> DELETE
NAME	DIAMOND, KELLY M.D.	
STREET ADDRESS	512 SOUTH NOKOMIS AVENUE	
CITY-ST-ZIP	VENICE FL 34285	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ERQUIAGA, EUGENIO M.D.	
STREET ADDRESS	512 SOUTH NOKOMIS AVENUE	
CITY-ST-ZIP	VENICE FL 34285	

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	

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 of 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, with all other like empowered.

SIGNATURE: *Katherine Harris* 2/25/99
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/198)