


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

FILED
May 04 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 # V34816 (1)
 1. Corporation Name
R.A.I.S.E., INC.



Principal Place of Business: **25 AZALEA LN BAYSIDE ESTATES FT MYERS BEACH FL 33931 US**

Mailing Address: **25 AZALEA LN BAYSIDE ESTATES FT MYERS BEACH FL 33931 US**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business (21) Suite, Apt. #, etc. (22) City & State (23) Zip (24) Country (25)

2a. Mailing Address (26) Suite, Apt. #, etc. (27) City & State (28) Zip (29) Country (30)

3. Date Incorporated or Qualified: **05/06/1992**

4. FEI Number: **59-3143416** Applied For: Not Applicable:

5. Certificate of Status Desired: **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent
DOBELSTEIN, RONALD E.
9130 S DADELAND BLVD
STE 1129
MIAMI FL 33156

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	
NAME	RUSH, KATHLEEN L.	1.2 NAME	
STREET ADDRESS	11 PARK DR RT 47	1.3 STREET ADDRESS	
CITY-ST-ZIP	PITTSFIELD MA	1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	VD
NAME	RUSH, C. TODD	2.2 NAME	RUSH, C. TODD
STREET ADDRESS	231 FAIRWAY WEST	2.3 STREET ADDRESS	3440 ROGEMEAVE PKWY
CITY-ST-ZIP	TEQUESTA FL	2.4 CITY-ST-ZIP	CARROTON, TX 75007
TITLE	TD	3.1 TITLE	
NAME	RUSH, CHARLES P	3.2 NAME	
STREET ADDRESS	11 PARK DR RT 47	3.3 STREET ADDRESS	
CITY-ST-ZIP	PITTSFIELD MA	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 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: *Charles P. Rush* 4-24-98 H124431067

CR2E034 (10/97)