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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **V34816**

1. Corporation Name
R.A.I.S.E., INC.



DO NOT WRITE IN THIS SPACE

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

3. Date Incorporated or Qualified

05/06/1992

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

29 Zip Country

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 the current year Intangible Personal Property Tax. 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DELETE

PD
RUSH, KATHLEEN L.
11 PARK DR RT 47
PITTSFIELD MA

TITLE DELETE

VD
USH, C TODD
3440 ROSEMEADE PKWY, APT 4203
CARROLLTON TX 75007

TITLE DELETE

TD
RUSH, CHARLES P
11 PARK DR RT 47
PITTSFIELD MA

TITLE DELETE

NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE DELETE

NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE DELETE

NAME
 STREET ADDRESS
 CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition

1.2 NAME
 1.3 STREET ADDRESS **233 Darren RD.**
 1.4 CITY-ST-ZIP **Lagrangeville, NY 12540**

2.1 TITLE Change Addition

2.2 NAME **RUSH, C TODD**
 2.3 STREET ADDRESS **3231 C POSTWOODS DR NW**
 2.4 CITY-ST-ZIP **ATLANTA, Ga. 30339**

3.1 TITLE Change Addition

3.2 NAME
 3.3 STREET ADDRESS **233 Darren RD**
 3.4 CITY-ST-ZIP **Lagrangeville, NY 12540**

4.1 TITLE Change Addition

4.2 NAME
 4.3 STREET ADDRESS
 4.4 CITY-ST-ZIP

5.1 TITLE Change Addition

5.2 NAME
 5.3 STREET ADDRESS
 5.4 CITY-ST-ZIP

6.1 TITLE Change 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 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, with all other like empowered.

SIGNATURE: **Kathleen J. Rush Kathleen L. Rush** 422-99 914-226-6931
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/1/98)