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PROFIT CORPORATION ANNUAL REPORT



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

1996

P95000004683 (5)

DOCUMENT #1. Corporation Name

RABI MART, INC.

Principal Place of Business

Mailing Address



Suite, Apt. #, etc. Suite, Apt. #, etc. Suite,	PALM BEACH	r St I gardens fl 33418	4595 ARTHUR ST PALM BEACH GARDENS FL 33418									
Suite, April Process Suite Sui						3.		or Qualified	3a. Date	of Last F	Report	7
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20	Suite, Apt. #	f, etc.	——————————————————————————————————————			5.	Certificate of Status	Desired				
9. Name and Address of Current Registered Agent 9. Name and Address of Current Registered Agent 10. Name and Address of Now Registered Agent 11. Name 12. Street Address (P.O. Box Number is Not Acceptable) 13. Name 14. Only 15. Pursuant to the provisions of Sections 607-6502 and 607-1506. Floridal Statutus, the above-named corporation submits this statement for the purpose of changing its registered depend on or projected agent, or both, in the State of Florida. Statutus, the above-named corporation submits this statement for the purpose of changing its registered depend on or projected agent, or both, in the State of Florida. Statutus, the above-named corporation submits this statement for the purpose of changing its registered depend on or projected agent, or both, in the State of Florida. Statutus, the above-named corporation submits this statement for the purpose of changing its registered depend, and accept the appointment as registered depend. I am a statement for the purpose of changing its registered depend on or projected the purposed device to expend of effectors. I hereby accept the appointment as registered depend. I am a statement for the purpose of changing its registered depend of effectors. I hereby accept the appointment as registered depend. I am a statement for the purpose of changing its registered depend of effectors. I hereby accept the appointment as registered depend. I am a statement for the purpose of changing its registered depend of effectors. I hereby accept the appointment as registered depend. I am a statement for the purpose of changing its purpose of the appointment as registered depend. I am a statement for the purpose of the appointment as registered depend. I am a statement for the purpose of the appointment as registered depend. I am a statement for the purpose of the appointm	23	•		1 U a ladrage KOW V					. U do o o may po			
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DARGHAM, RABIH BOU 4595 ARTHUR ST PALM BEACH GARDENS FL 33418 11. Pursuant to the provisions of Sections 607,0502 and 607,1508, Florida Statutes, the above-named corporation submits the statement for the purpose of changing its registered agent. I am include the complete one of comple		9. Name and Address of Current	t Registered Agent			10.	Name and Addres	s of New R	egistered A	gent		
## 4595 ARTHUR ST PALM BEACH GARDENS FL 33418 ## Cry				8	1 Name]
PALM BEACH GARDENS FL 33418 Section of Sections 607.0502 and 607.1508. Florids 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 Florids. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered office farmiar with, and accept the obligations of, Section 607.0505, Florids Statutes. Signature Supplies Supplies		•		82 Stree			t Address (P.O. Box Number is Not Acceptable)					
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 Fords. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am farvitar with, and accept the obligations of Section 607.0502. Forida Statutes are not received agent. I am farvitar with, and accept the obligations of Section 607.0502. Forida Statutes are not received by the corporation's board of directors. I hereby accept the appointment as registered agent. I am farvitar with a purpose of changing its registered of fine farvitarian and the												ı
11. Pursuant to the provisions of Sections 697.0502 and 627.1508, Florids Statutos, the above-named corporation submits this statement for the purpose of change at the corporation's board of directors. I hereby accept the appointment as registered opent. I am submits this state of the corporation's board of directors. I hereby accept the appointment as registered opent. I am submits this statement for the purpose of change at the corporation's board of directors. I hereby accept the appointment as registered opent. I am submits this statement for the purpose of change at the corporation's board of directors. I hereby accept the appointment as registered opent. I am submits this statement for the purpose of change and this flag teath. It is not contained the objection of Section 607.0502 and 505. Horide Statutos. It is not contained the objection of Section 607.0502 and 505. Horide Statutos. It is not contained the objection of Corporation's board of directors. I hereby accept the appointment as registered office or registered agent. I am submits this statement for the purpose of change is appointed agent. I am submits this statement for the purpose of change is appointed agent. I am submits this statement for the purpose of change is appointed agent. I am submits this statement for the purpose of change is appointed or registered agent. I am submits this statement for the purpose of change is appointed agent. I am submits this statement for the purpose of change is appointed and the corporation's board of directors. I hereby accept the appointment as registered opent. I am submits this statement for the purpose open is appointed and the corporation's board of directors. I hereby accept the appointment as registered opent. I am submits this statement for the purpose open in a pur	PALM BE	EACH GARDENS FL 33418		8	3							
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12.		Signature, typed or printed name of registered agent a	and title if applicable. INOTE	Registered Ag	ent signature re	anuired when re	ainstation)		DATE		-	
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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:

ED NAME OF SIGNING OFFICER OR DIRECTOR