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Jan 24 1997 8:00am  
Secretary of State

PROFIT CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P94000011957 (5)

1. Corporation Name  
RASCORP, INC.



Principal Place of Business  
8393 BRIERWOOD RD.  
JACKSONVILLE FL 32217  
US

Mailing Address  
8393 BRIERWOOD RD.  
JACKSONVILLE FL 32217-4502  
US

3. Date Incorporated or Qualified: 02/09/1994  
3a. Date of Last Report: 08/07/1996

2. Principal Place of Business

2a. Mailing Address

4. FEI Number: 59-3227333

Applied For: Not Applicable

21 Suite, Apt #, etc

26 Suite, Apt #, etc

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

22 City & State

27 City & State

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

23 Zip Country

28 Zip Country

6. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SIEGRIST, STEPHEN A  
8393 BRIERWOOD RD.  
JACKSONVILLE FL 32217

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 date, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE: DPT  
NAME: SIEGRIST, STEPHEN A  
STREET ADDRESS: 8393 BRIERWOOD ROAD  
CITY-ST-ZIP: JACKSONVILLE FL

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE: D  
NAME: SIEGRIST, ELIZABETH C  
STREET ADDRESS: 510 DOGWOOD VALLEY DR  
CITY-ST-ZIP: ATLANTA GA

2.1 TITLE  
2.2 NAME: Elizabeth C Siegeist  
2.3 STREET ADDRESS: 701 Lake Point Blvd #105  
2.4 CITY-ST-ZIP: Leesburg, FL 34748

TITLE: [ ] DELETE  
NAME:  
STREET ADDRESS:  
CITY-ST-ZIP:

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE: [ ] DELETE  
NAME:  
STREET ADDRESS:  
CITY-ST-ZIP:

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE: [ ] DELETE  
NAME:  
STREET ADDRESS:  
CITY-ST-ZIP:

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE: [ ] DELETE  
NAME:  
STREET ADDRESS:  
CITY-ST-ZIP:

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do 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, unchanged, or in an attached document with an address.

SIGNATURE: Stephen A. Siegeist  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
1/15/97 (904) 232-8248  
Daytime Phone #

CR2E034 (9/96)