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Apr 03 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 # 146543 (4)
1. Corporation Name
RAULERSON'S INC.



Principal Place of Business
CLINTON E RAULERSON
1014 LAKE AVENUE
LAKE WORTH FL 33460

Mailing Address
CLINTON E RAULERSON
1014 LAKE AVENUE
LAKE WORTH FL 33460

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 1105 2ND AVE NO # 11		26 7711 EDGEWATER DR		04/09/1946	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22 11		27		59-0548474	
City & State		City & State		Applied For	
23 LAKE WORTH FL		28 WEST PALM BCH		Not Applicable	
Zip		Zip		5. Certificate of Status Desired	
24 33460		29 33406		30 PALM BCH	
Country		Country		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	
25 Palm Bch		30 PALM BCH		9. Yes 10. No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
RAULERSON, CLINTON 1014 LAKE AVENUE LAKE WORTH FL 33460		81 Name CLINTON E. RAULERSON	
		82 Street Address (P.O. Box Number is Not Acceptable) 7711 EDGEWATER DR	
		83	
		84 City WEST PALM BCH	
		FL 85 Zip Code 33406	

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 C.E. RAULERSON P.D. 3/31/98
Signature, typed or printed name of registered agent and title if applicable (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	P.D.
NAME	RAULERSON, CLINTON E	1.2 NAME	RAULERSON, CLINTON E.
STREET ADDRESS	1014 LAKE AVE	1.3 STREET ADDRESS	7711 EDGEWATER DR
CITY-ST-ZIP	LAKE WORTH, FL 00000	1.4 CITY-ST-ZIP	WEST PALM BCH, FL 33406
TITLE	DV	2.1 TITLE	
NAME	RAULERSON, SUSAN	2.2 NAME	
STREET ADDRESS	7711 EDGEWATER DR	2.3 STREET ADDRESS	
CITY-ST-ZIP	W PALM BEACH, FL 00000	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	
NAME	RAULERSON, C L	3.2 NAME	
STREET ADDRESS	530 FOREST VIEW	3.3 STREET ADDRESS	
CITY-ST-ZIP	ATLANTIS FL	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 C.E. RAULERSON P.D. 3/31/98 571-542-5311

CR2E034 (10/97)