FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEFARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996 DOCUMENT #

1. Corporation Name

436619

(1)

RAFCO PROPERTIES, INC.						
Principal Place	of Business	Maii-ng Address	Maiing Address			
951 W. 15TH ST. RIVIERA BCH. FL 33404 US		951 W. 15TH ST. RIVIERA BCH. FL 33404 US				Date Incorporated or Qualified 3a. Date of Last Report 3a. Da
						09/21/1973 06/29/1995
2. Principal Pla	ice of Business	2a. Mailing Address				4. FET Number Applied For
21 Culto Ant A	Loba	Suite, Apt. #, etc.				59-1492100 Not Applicable \$8.75 Additional
Suite, Apt. #	r, 6:0.	27				5. Certificate of Status Desired Fee Required
City & State		City & State				6. Election Campaign Financing \$5.00 May Be
23		28				Trust Fund Contribution Added to Fees
Ζιρ	Zip Country Zip		Country			8. This corporation has liability for intangible tax under s. 199.032,
24	25					Florida Statutes Yes No
	9. Name and Address of Currer	nt Registered Agent		81	Nessa	10. Name and Address of New Registered Agent
				81	Name	
Bauer, i				82	Street Ac	odress (P.O. Box Number is Not Acceptable)
	WOODLAND BLVD.			83		
DELAND	FL 32721			63		
				84	City	FL 85 Zip Code
or registere famil ar wit SIGNATURE	ed agent, or both, in the State of Flori h, and accept the obligations of, Sec	ida. Such change was authonz tion 607.0505, Florida Statutes	ed by the	corp	oration's be	rporation submits this statement for the purpose of changing its registered office board of directors. I hereby accept the appointment as registered agent. I am
12.	Signature, typed or printed Larne of registered agen	Land she in approaching INC ID DIRECTORS	IF Bagistere	d Ager	1 s.g. aturu re p	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TILLE	PC OFFICERS AND	DELFTE		1 1 Trīle		☐ Change ☐ Addition
NAME	RAO, JOSEPH			1.2 NAME		
STREET ADDRESS	951 W. 15TH ST.		1.3 3	1.3 STREET ADDRESS		
CITY-ST-7IP	RIVIERA BCH. FL		1.4 (1.4 CHY+S7 ZIP		
TITLE	V	☐ DELFIE		2 1 TITLE		Change Add tion
NAM:	JOHNS, GEORGE		221	2 2 NAME		
STREET ADDRESS	3331 LONGHORN TRAIL		2.3 STREET ADDRESS		ADDRES5	
CITY ST-ZIP	DELAND FL		2 4 CHTY - ST - ZIF		1 - 2(F)	
TITLE	T	☐ DELETE	3 1	3 1 HH		Change Addition
NAME	FALLER, JAMES A.		321	3.2 NAME		
STHEET ADDRESS	951 W 15TH STREET			STREE	I ADDRESS	
CITY - ST - ZIP			DIY-S	T-ZIP	Character ED Address	
THE		☐ DELETE		4 1 1/11.6		Change Addition
NAMÉ				NAME		
STREET ADDRESS					ADDRESS	
COTY - ST - ZIP		DELETE		4.4 CITY - ST		Change Addition
TIFLE				5.7 TITLE 5.2 NAME		
NAME	1		5.3 STREET ADDRESS		Annaece	İ
STREET ADDRESS				5.4 City - St - ZiP		
CHY-ST-ZIP THUE		DELETE		6 1 TITLE		☐ Change ☐ Addition
NAME			62 NA			
STREET ADDRESS					ADDRESS	
Crity-ST-7/P				CHY-5		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(x). 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 13 if changed, or on an attacking in the corporation of the cor SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR W. PAO 4/10/96 407 898 4100

SIGNATURE: