FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997

STREET ADDRESS

CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 443299

(3)

RATNER ASSOCIATES, INC.

Principal Place of Business Mailing Address 7740 TRAVELERS TREE DR. 7740 TRAVELERS TREE DR. **BOCA RATON FL 33433-6122 BOCA RATON FL 33433** 3. Date Incorporated or Qualified 3a. Date of Last Report 01/08/1974 01/26/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-1521362 Not Applicable 26 21 \$8.75 Additional Suite, Apt. #, etc Suite, Apt. #, etc 5. Certificate of Status Desired П Fee Required 27 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes
Yes
No Country Ζip Country Florida Statutes 25 29 30 24 10. Name and Address of New Registered Agent Name and Address of Current Registered Agent 81 Name RATNER, KENNETH M 7740 TRAVELERS TREE DRIVE 82 Street Address (P.O. Box Number is Not Acceptable) **BOCA RATON FL 33433** 83 Zip Code R4 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: typed or primed name of registered agent and little if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. Addition Change DELETE DPS 1.1 TITLE TITLE RATNER, KENNETH M 1.2 NAME NAMÊ 7740 TRAVELERS TREE DR 1.3 STREET ADORESS STREET ADDRESS **BOCA RATON FL** 1.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change ___ Addition 2.1 TOLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADORESS 2. 4 City-ST-ZIP CITY-ST-ZIP DELETE ☐ Change Addition 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY - ST - ZIP CITY-ST-7IP DELETE Addition 4.1 TITLE TITLE NAME 4.2 NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST - ZIP CITY-ST-7IP Addition DELETE TITLE 51 TITLE NAME 52 NAME **5.3 STREET ADDRESS** STREET ADORESS 54 CITY-ST-ZIP CITY - ST - ZIP DELETE Addition 61 TITLE TITLE NAME 62 NAME

appears in Block 12 or Block 13 if changed, by an attachment with an address.

SIGNATURE: Limit W. Little Konnerth M. RATHER PRESIDENT 1/16/97 561-391-0111

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

6.3 STREET ADDRESS 6.4 CITY-ST-ZIP (30/0) /60360

FILED

Jan 16 1997 8:00am

Secretary of State