
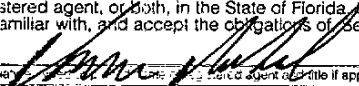


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED

Feb 05 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 # 570204 (8) 1. Corporation Name RAHAL SUMMER, INC.					
Principal Place of Business 4204 LAFAYETTE STR MARIANNA FL 32446-0700 US			Mailing Address P.O. BOX 700 MARIANNA FL 32447 US		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 04/24/1978	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 62-0937240	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent RAHAL, QUEN 4204 LAFAYETTE STREET MARIANNA FL 32446				10. Name and Address of New Registered Agent	
				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  (NOTE: Registered Agent signature required when reinstating) DATE					
12. OFFICERS AND DIRECTORS					
TITLE	PD	<input type="checkbox"/> DELETE			
NAME	RAHAL, QUEN				
STREET ADDRESS	4204 WEST LAFAYETTE STREET				
CITY-ST-ZIP	MARIANNA FL				
TITLE	A	<input type="checkbox"/> DELETE			
NAME	RAHAL, ANN				
STREET ADDRESS	4204 WEST LAFAYETTE ST				
CITY-ST-ZIP	MARIANNA FL				
TITLE	VP	<input type="checkbox"/> DELETE			
NAME	GARCIA, JORGE				
STREET ADDRESS	2678 CHOCTAW TRAIL				
CITY-ST-ZIP	MARIANNA FL				
TITLE	VP	<input type="checkbox"/> DELETE			
NAME	SCHMITZ, MIKE				
STREET ADDRESS	OFF OZARK ROAD				
CITY-ST-ZIP	NEWTON AL				
TITLE	V	<input checked="" type="checkbox"/> DELETE			
NAME	HAILE, MIKE				
STREET ADDRESS	2912 WILDWOOD CIR				
CITY-ST-ZIP	MARIANNA FL				
TITLE	AS	<input type="checkbox"/> DELETE			
NAME	FUNDERBURK, SUE				
STREET ADDRESS	2998 RUSS ROAD				
CITY-ST-ZIP	MARIANNA FL				
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
1.2 NAME					
1.3 STREET ADDRESS					
1.4 CITY-ST-ZIP					
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
2.2 NAME					
2.3 STREET ADDRESS					
2.4 CITY-ST-ZIP					
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
3.2 NAME					
3.3 STREET ADDRESS					
3.4 CITY-ST-ZIP					
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
4.2 NAME					
4.3 STREET ADDRESS					
4.4 CITY-ST-ZIP					
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
5.2 NAME					
5.3 STREET ADDRESS					
5.4 CITY-ST-ZIP					
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
6.2 NAME					
6.3 STREET ADDRESS					
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:  REQUIRED 1/28/98 850-182-3051

CR2034 (10/97)