

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
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DOCUMENT # 570204 (8)
 1. Corporation Name
RAHAL SUMMER, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business 4204 LAFAYETTE STR MARIANNA FL 32446-0700 US	Mailing Address P.O. BOX 700 MARIANNA FL 32447 US
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3. Date Incorporated or Qualified 04/24/1978	4. FEI Number 62-0937240	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
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		

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	29 30

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 [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: [Signature] **REQUIRED** 1/28/98 850-482-3051

CR2E034 (10/97)