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**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

**Katherine Harris** 

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # 575037

1. Corporation Name

## Apr 14, 1999 8:00 am Secretary of State

04-14-1999 90028 042 \*\*\*150.00

	RAKES, INC.							
Principal Place	e of Business	Mailing Address				Ittil t <b>önni m</b> ilit <b>matet</b> isiis ibai otoi	) BIBII 91811 BI	1811 Bjarr afafi 1891
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		T 0 - 14 11 - 4 11			06/07/197 4. FEI Number	<u> </u>		Applied For
2. Principal Pl	ace of Business	2a. Mailing Address			1	20	1	Applied For Not Applicable
21		26 Suite Ant # etc			59-183393	<u></u>		
Suite, Apt. #, etc.		<b>⊢</b> ¬	Suite, Apt. #, etc.		5. Certifcate of	5. Certificate of Status Desired		
City & State		City & State		6 Floation Com				
23 28		<b>⊢¬</b> `	niy a cialo		l l	6. Election Campaign Financing S5.00 May Be Trust Fund Contribution Added to Fees		
Zip	Country	Zip	Cou	intry	<del></del>	tion owes the current year h	ntangible	
24	25	29	30	•	Personal Pro		Yes	□No
	9. Name and Address of Current				10. Name and A	ddress of New Registered	d Agent	
				81 Name	COMMODARE	S, GEORGE J.		
CON			82 Street A	CONTORANE	her is Not Acceptable)	<u> </u>		
6025 SW 106TH STREET				Jul Ollect	7160 S.W.	ber is Not Acceptable) 47th Street	<u>.                                      </u>	
MIAN	MI FL 33156			83				
			•	84 City			85 Z	in Code
	·				MIAMI	FI		3155
11. Pursuant office or reagent. I as	to the provisions of Sections 607,0502 egistered agent, or both, in the State om familiar with, and accept the obligati	and 607.1508, Florida Statu if Florida, Such change was ons of, Section 607.0505, Flo	ites, the a authorized orida Stat	bove-named of the by the corporates.	orporation submits this ration's board of directo	statement for the purpose ors. I hereby accept the app	of changing ointment as	its registered s registered
SIGNATURE	· · · · · · · · · · · · · · · · · · ·							
	Standard hand or printed some of registered agent	and title if annicable (NOT	F: Registered	Agent signature rec	guired when reinstating)	DATE		
	Signature, typed or printed name of registered agent OFFICERS AND		E: Registered	Agent signature rec	quired when reinstating) ADDITIONS/C	DATE CHANGES TO OFFICERS A	ND DIREC	CTORS IN 12
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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, with all other like empowered.