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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 592852 1. Corporation Name

RAI PH. H. PARKS, INC.

FILED Feb 02, 1999 8:00am **Secretary of State**

02-02-1999 90011 022 ***150.00

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Principal Plac	e of Business	Ма	iling Address					DIER 11881 18891 8		#1#11 #1#11 #1# 11		
1100 S FEDERAL HWY		PO	PO BOX 2654									
SUITE 101			STUART FL 34995				DO NOT WRITE IN THIS SPACE					
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US							3. Date Incorporate	a or Qualilea				ļ
9 Dringing D	Uses of Business	122	Mailing Address				11/09/1978 4. FEI Number				oplied For	\dashv
	lace of Business	<u> </u>	Maning Address				59-2442413				ot Applicable	- 8
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City & Stat	te ·	- 271	City & State				6. Election Campai	on Financing		\$5.00	May Be	
23		28					Trust Fund Cont				to Fees	
Zip	Country	1-41	Zip	Cou	intry		8. This corporation		ent vear in	tangible	•	7
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	9. Name and Address of Current	t Regis					10. Name and Add	ess of New I	Registered	Agent		
	And the second of the second o				81	Name						
	IGEY, RICHARD J.				82	Street Add	Iress (P.O. Box Number	is Not Accent:	hle)		•	\dashv
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office or r	to the provisions of Sections 607.0502 registered agent, or both, in the State of imfamiliar with, and accept the obligat	of Florid	a. Such change was au	ithorized	d by th	he corporati	ion's board of directors.	hereby acce	of the appo	intment as re	egistered	
SIGNATURE	Signature, typed or printed name of registered agent	t and title i				signature require	ed when reinstating)		DATE			
SIGNATURE	Signature, typed or printed name of registered agen OFFICERS AN		f applicable. (NOTE:			signature require	ed when reinstating) ADDITIONS/CHA	NGES TO OF		ND DIRECTO		(86/
·	Signature, typed or printed name of registered agen		f applicable. (NOTE:	Registered	1 Agent :	signature require		NGES TO OF		ND DIRECTO	ORS IN 12	- 1:5
12.	Signature, typed or printed name of registered agen OFFICERS AN		f applicable. (NOTE:	Registered	Agent :	signature require	ADDITIONS/CHA	NGES TO OF				
12.	Signature, typed or printed name of registered agen OFFICERS ANI PD PARKS, RALPH H	D DIRE	f applicable. (NOTE:	13. 1.1 Tri	1 Agent : TLE AME	signature require	ADDITIONS/CHA	NGES TO OF				F034 (11/98)
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12. TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered agen OFFICERS AN PD PARKS, RALPH H 1100 S FEDERAL HWY, SUITE	D DIRE	f applicable. (NOTE:	13. 1.1 Tri 1.2 NA 1.3 ST	TLE AME TREET A	ADDRESS	ADDITIONS/CHA	NGES TO OF				R2F034
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14. I hereby certify that the information supplied with this filling 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 traditee 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 for on an adapting it with an address, with all other like empowered.

SIGNATURE