FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT #

631804

(2)

1. Corporation Name

RAYCO FNTERPRISES INC.

HAYCU ENTERPRISES, INC.					
Principa' Place o	f Business	Mailing Address		1 168314 RJING 11161 15841 18811 AB11	i Brat Bidit Bibit dibit hibit bibit gidte Bibit fab.
RAYCO ENTI 7800 ELLIS I	ERPRISES. INC ROAD	493 YOUNG ST MELBOURNE FL 329	35		
MELBOURNE US	E FL 32904	US		3. Date Incorporated or Qualified 08/03/1979	3a. Date of Last Report 04/05/1995
2. Principal Plac		2a. Mailing Address		4. FET Number	Applied For
21 RAYC	o Enterprises, I	Surfe, Apt. #, etc.	ng sx	59-1928447	Not Applicable \$8.75 Additional
		Surfe, Apt. #, etc.	V	5. Certificate of Status Desired	Fee Required
City & State	oungs	City & State		6. Election Campaign Financing	\$5.00 May Be
23 Metho	ORNe Florida	28 MelhouRN	c. \$1.	Trust Fund Contribution	Added to Fees
Z45	Country	Zip	Country	8. This corporation has liability for in Florida Statutes	tangible tax under s. 199.032,
43298	5 25 Breingl 9. Name and Address of Curre	29 3 29 3 S	30 BraNARO	Florida Statutes Yes 10. Name and Address of New Re	gistered Agent
,	9. Name and Address of Curre	ili Registereu Agent	81 Name	10. 114	
LIAIDE	RT, S. RAY			ess (P.O. Box Number is Not Acceptable	
	OUNG STREET		82 Street Addr	ess (F.O. Box Number is Not Acceptaint	"
	URNE FL 32935		83		
***************************************			84 City		85 Zip Code
	•		' '		FL I''I '
SIGNATURE	d agent, or both, in the State of Flor i, and accept the obligations of, Sec synature typed or parted name of registered age		ed by the corporation's boats.	ration submits this statement for the purp rd of directors. I hereby accept the appo	Intrinent as registered agent. I am
12.		ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFIC	
TITLE	PD	☐ DELETE	1 1 THILE		Change Addition
NAME	HALBERT, S. RAY		1.2 NAME		
STREET ADDRESS	493 YOUNG ST.		1 3 STREET ADDRESS		
CITY-ST-ZIF	MELBOURNE FL		1.4 CHY-ST-ZIF		Change Addition
TITLE		☐ DELETE	2 1 1011		C change C Roomen
NAME			2 2 NAME		
STHEET ADDRESS			2.3 STREET ADDRESS		
CHY-ST-ZIP		DELETE	2 4 C/TY - ST - 7/P 3 1 TIPLE		Change Addition
TITLE		La precie	3 2 NAME		
NAME STREET ADDRESS			3.3 STREET ADDRESS		
C:TY-ST-ZIP			3 4 C(1) - S1 - Z(F)		
10TLF		DELETE	4 1 1111.15		Change Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-SI-ZIP			4.4 CBY+S1-7IP		
TITLE		DELETE	5 1 TITLE		Change Addition
NAME			5 2 NAME		
STREET ADDRESS			5 3 STREET ADDRESS		
City-S1-Zip			5 4 CITY - ST - 7IP		Change Addition
TITLE		☐ DELETE	6 1 TITLE		C cuarde
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CHY-S1-ZIP	L	1 M Alain Films in and and and a few	6 4 CITY - ST - ZIF	for the exemption stated in Section 119.	07(3)(k) Florida Statutes I further

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(a), Fronce Statutes Furnish 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 cetti; 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, Forida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on amplitachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-30-96 (407) 253-8209