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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998 DOCUMENT #

658439

(5)

RAFOR MANAGEMENT, INC.

FILED Apr 27 1998 8:00am Secretary of State



Principal Place of Business Mailing Address					- 1 JOONIA BIIDI ANDI OBIN DIBOR NIND IDIN DIBIN DIDIN DIBIN
9190 OAKHURST RD SUITE 2A 9190 OAKHURST RD SUI SEMINOLE FL 34646 SEMINOLE FL 34646			TE 2A		DO NOT WRITE IN THIS COACE
					DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified
					03/10/1980
2, Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number Applied For
21		26			59-1977541 Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, efc.			\$9.75 Additional
22		27			5. Certificate of Status Desired Fee Required
City & State		City & State			6. Election Campaign Financing \$5.00 May Be
23		28			Trust Fund Contribution Added to Fees
Zip	Country Z(p)		Country		8. This corporation owes or has paid the current year Intangible
24	25	29	30		Personal Property Tax due June 30. Yes No
					10. Name and Address of New Registered Agent
GOOD, ESTREM II.				81 Name	
9190 OAKHURST RD SUITE 2A			ŀ	82 Street A	Address (P.O. Box Number is Not Acceptable)
SEMINOLE FL 34646 •			ļ		
				83	
			t	84 City	85 Zip Code
					FL 18 2 P 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, typod or printed name of registered agen			Agent signature	required when reinstating) DATE
12.	OFFICERS AND	D DIRECTORS DELETE	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	- -	[_] Derese	1.1 TITLE 1.2 NAME		Change L_ Addition
NAME	CICCO, ESTHER, H.		. I		
STREET ADORESS	10336 BLOSSOM LAKE DR.			REET ADDRESS	ļ
CITY-ST-ZIP TITLE	SEMINOLE FL DV	DELETE		Y-ST-ZIP	Change Addition
1	- ' - '	- Dereit	2.1 1 1		
NAME	CICCO, ROBERT A., JR. 10385 BLOSSOM LAKE DR		2.2 NA		<u>.</u>
STREET ADDRESS	SEMINOLE FL			REET ADDRESS	
CITY-ST-ZIP TITLE	SEMINULE PL 2 40		TY-ST-ZIP	☐ Change ☐ Addition	
NAME			3.1 III		El cuante El vagatani
STREET ADDRESS				REET ADDRESS	
CITY-ST-ZIP				TY-ST-ZIP	
TITLE			4.1 TH		Change Addition
NAME			4. 2 N		
STREET ADDRESS				REET ADDRESS	
CITY-ST-ZIP				Y-SI-ZIP	
TITLE		DELETE	5.1 TIT		Change Addition
NAME			5.2 NA	ſ	, – • – (
STREET ADDRESS				REET ADDRESS	x 4/27
CITY-ST-ZIP				Y - S1 - ZIP	_ (('
TITLE		DELETE	6.1 TH		Addition
NAME			6.2 NA	1	-04/28/9801027014
STREET ADDRESS				REET ADDRESS	***150.00
CITY-ST-ZIP			1	Y-ST-ZIP	

14. Thereby 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:

Esther H. Cicco

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