FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996 DOCUMENT #
1. Corporation Name 703347

(5)

RAY	FOL	1R	INC

STREET ADDRESS

BAY FO	UR INC						
Principal Place	of Business	Mailing Address					
8000 EAST DR	RIVE GATE HOUSE	8000 EAST DRIVE GATE H NORTH BAY VILLAGE FL 3					
NORTH BAY VILLAGE FL 33141 US				3. Date Incorporated or Qualified 3a. Date of Last Rep. 12/19/1961 04/10/1995			
2. Principal Pla	ace of Business	2a. Mailing Address			4. FEI Number 59-2258510	1 1	applied For lot Applicable
21 26 Suite Apt. # etc. Suite, Apt. #, etc.				\$8.75 A		Additional	
dute, Apr. 17, oto.				5. Certificate of Status Desired	Fee F	Deniupes	
27 27			-	6. Election Campaign Financing	1 1 7	May Be	
28		28			Trust Fund Contribution	Audec	to Fees
Zφ	Zip Country Zip		Country			199.032,	
24	25	1	30	Florida Statutes Yes No 10. Name and Address of New Registered Agent			
	9. Name and Address of Curre	ent Registered Agent	81	Name	IV. Hallie and Address of New Tre	-B	
	_		Ľ				
JAFFE,LI			82	Street Add	ress (P.O. Box Number is Not Acceptable	B)	
+	ST DRIVE #106		83				
N BAY V	/ILLAGE FL 33141						
			84	City		FL 85 Zig	o Code
		on Lora 4500 Florido Phototon	the above	named corpo	ration submits this statement for the purp	sees of changing ite r	egistered office
or registe familiar w SIGNATURE	Signature typeo or printed name of registered at	est and the mappingable (NOTE	Registered Age		ration submits this statement for the purplind of directors. I hereby accept the appointment of the purple of the submit and t	DATE	
12.		AND DIRECTORS	13.		ADDITIONS CHANGES TO CITE	Change	Addition
TITLE	TS	☐ DELETE	1 1 TITLE				_
NAME	MARGE, MOLWAY		1.2 NAME				
STREET ADDRESS	8000 EAST DRIVE			1 ADORESS			
CITY - ST-ZIP	N BAY VILLAGE FL	DELETE	1.4 CHTY - 2.1 TITLE			☐ Change	Addition
TITLE	SD MAD IODIE E	Dettile	2 2 NAME				
NAME	MOLWAY, MARJORIE E			ET ADORESS			
STREET ADDRESS	8000 EAST DRIVE NORTH BAY VILLAGE FL		2 4 CiTY				
CHTY - ST - ZIP		DELETE	3 1 TITLE			Change	Addition
TITLE	-PES- -SOLOMON, PHILLIP	A	3 2 NAMI				
NAME	COLO PAGE DOWE			ET ADDRESS			
STREET ADDRESS	N BAY VILLAGE FL		3.4. CITY				
CITY - ST - ZIP	PD PD	DELETE	4 1 TIFLE			☐ Change	☐ Addition
NAME	GIUDICI, JERRY	_	4 2 NAM	IE			
STREET ADDRESS	**** C DDN F #005		4.3 STRE	ET ADDRESS			
CITY-ST-ZIP	NORTH BAY VILLAGE FL		4.4 CITY				
TITLE	D	DELETE	5 1 TITU			☐ Change	Addition
NAME	ZIEHMER, RICHARD		5.2 NAM	E			
STREET ADDRESS	SACO E DONE CHITE OCC		5 3 STRE	ET ADDRESS			
CITY-ST-ZIP	N. BAY VILLAGE FL		5.4 CITY	-ST-ZIP			
THLE	10.071. 1.00170.2	DELETE	61 TITL	E	· 	☐ Change	Addition
1			6.2 NAM	ie			

6 3 STREET ADDRESS

6 4 CITY - ST-ZIP

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)(k). 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 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 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 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 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 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 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 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 under the accurate and that my signature shall have the same legal effect as if under the accurate and the accurate an

CR2E037 (12/95)