COND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999. MOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

OCUMENT #

F930000307

R.A.K. MANAGEMENT, INC.

## FILED Sep 07, 1999 8:00 am Secretary of State

09-07-1999 90011 015 \*\*\*550.00



ncipal Place of Business Mailing Address							*	,
9 BEAVER GRADE RD 1009 BEAVER GRADE RD				)				•
230		-	STE 230				DO NOT WINTE IN THE SPACE	
RAOPOLIS PA 15108			CORAOPOLIS PA 15108 US				DO NOT WRITE IN THIS SPACE	
		·	15				3. Date Incorporated or Qualified	
A DA-III.					····		07/02/1993	Applied For
Principal Place of Business			2a. Mailing Address				4. FEI Number	Applied For Not Applicable
26							25-1635526	<del></del>
Suite, Apt. #, etc.			Suite, Apt. #, etc.				5. Certificate of Status Desired	\$8.75 Additional
City & State			City & State				S. d. O. salas Financias	
							6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
7:-	Country	28	Zip	Cou	intry	,		70000 10 1 003
Zip	<b>⊢</b> ′	-	Zip	<del></del>	,,,,,		8. This corporation owes the current year Intangible Personal Property.	Yes No
	25 9. Name and Address of Curren	29	stered Acent	30	Γ-		10. Name and Address of New Registered	
	9. Name and Address of Curren	ır ıveği:	Stered Agent		81	Name	TO. Harris aria / taribas of the same of t	
CT	CORPORATION SYSTEM							
1200 SOUTH PINE ISLAND ROAD			82 Street Add			Street Addre	ress (P.O. Box Number is Not Acceptable)	
PLANTATION FL 33324			83			-		1-11
	VII/(III/(III I E 5552)				03			
					84	City	FL	85 Zip Code
					L	<u> </u>		
office or r agent. I a	to the provisions of sections 607.050, egistered agent, or both, in the State m familiar with, and accept the obligations.	of Flor ations o	ida. Such change was of, section 607.0505, Fl	authorize orida Sta	d by	the corporations.	ation submits this statement for the purpose of c in's board of directors. I hereby accept the appo	intment as registered
NATURE _		. 1 491	Y	OTF: Basiste		t -iotues esqui	ired when reinstating) OATE	
Signature, typed or printed name of registered agent and title if applicable. (NOTE:  OFFICERS AND DIRECTORS					13.		ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 12
<del> </del>	PS OF TICERS AIN	ואום טוו	DELETE	1.1 TI	TLE		7,001110,1010	Change Addition
_	KATHARY, ROBERT A		L DECETE	1.2 NAM				
=	TARE DELL'ED ODADE DOAD CHITE ALC				1.3 STREET ADDRESS			
ET ADDRESS	CORAPOLIS PA 15108	JUIL	. 310					
ST-ZIP	V		Посто	2.1 TI	TY-ST	1-219		Change Addition
.	- Decert			2.2 NAME				
<u> </u>	KRAHE, WILLIAM				2.3 STREET ADDRESS			
ET ADDRESS	1005 BEAVER GRADE ROAD,	2011E	310				وسين دارات المتيانية والمتاري والمتعدد والدارات	
ST-ZIP	CORAPOLIS PA 15108		<u> </u>	2.4 CI 3.1 TI		1-212		Change Addition
_			L DELETE					Change Addition
<u> </u>				3.2 N/		T ADDDCDC		
ET ADDRESS						T ADDRESS		
ST-ZIP	*****			3.4 CI 4.1 TI		T-ZIP		Change Addition
. [			DELETE					Change Addation
=				4.2 N				
ET ADDRESS						FADORESS		
ST-ZIP				4.4 CI		T-ZIP		
	L DELETE			5.1 TITLE			Change Addition	
<b>■</b>			•	5.2 N				
ET ADDRESS						ADDRESS		
ST-ZIP				5.4 CI		T-ZIP		<del></del>
:			DELETE	6.1 Ti				Change Addition
<b> </b>				6.2 N	ME			
ET ADDRESS				6.3 \$7	REET	ADDRESS		
ST-ZIP				6.4 CI	TY-\$1	T-ZIP		

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.

**GNATURE:**.