## SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS

1996

DOCUMENT # F93000005519 (4)

RACHINS SALES CO., INC.

Principal Place	o at Ducinosa	Mail no Address				
Principal Place of Business Mailing Address						
3360 S. OCEAN BLVD. 3360 S. OCEAN BLV PALM BEACH FL 33480 PALM BEACH FL 334						
					<ol> <li>Date Incorporated or Qualified</li> <li>12/06/1993</li> </ol>	3a, Date of Last Report 04/26/1995
2. Principal Place of Business		2a. Mailing Address			4. FEI Number	Applied For
Suite, Apt.	# ote	26 Suite Ant # ate			04-2800030	Not Applicable
22	#, Bic	Suite, Apt #, etc	27		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State			6. Election Campaign Financing	\$5.00 May Be
23		28	28		Trust Fund Contribution	Added to Fees
Zip Country		Z;p	├──		8. This corporation has liability for in	·
24	25     29   9. Name and Address of Current Registered Agent		30		Florida Statutes	Yes No
		irrent Registered Agent	8.	I Name	10. Name and Address of New Reg	pistered Agent
	CHINS, RICHARD					
	ió S. Ocean Blyd. .m Beach fl 33480		8:	Street Add	Address (P.O. Box Number is Not Acceptable)	
	an barroll 1 2 00 100		8:	3		
			84	City		FL 85 Zip Code
office or re	egistered agent, or both, in the S	0502 and 607.1508, Florida Statustale of Florida Such change was bligations of Section 607.0505, F	authorized by	the corporal	poration submits this statement for the pution's board of directors. I hereby accept	rpose of changing its registered
SIGNATURE						
	Signature, by eo or printed name of registers			pent signature requ	pred when remotiving)	CAIE
12. TITLE	CPT	S AND DIRECTORS  DELETE	13.		ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTORS IN 12  Change Addition
NAME	RACHINS, RICHARD	<u> </u>	1.2 NAME			
STREET ADDRESS	3360 S. OCEAN BLVD.		1 3 STREE	T ADORESS		
CITY - ST - ZIP	PALM BEACH FL		1.4 CITY -	ST-7IP		
TITLE		DELETE	2.1 TITLE			Change Addition
NAME			2.2 NAME			
STREET ADDRESS			2 3 STREE	1 ADORESS		
CITY-ST-ZIP TITLE		DELETE	2 4 CITY	-ST-7IP		Change T Addition
NAME		Utter	311111			Change Addition
STREET ADDRESS			3.2 NAME	I ADORESS		
CITY-ST-ZIP			3.4. CITY			
TITLE		DELETE	4 1 TIFLE		···	Change Addition
NAME			4 2 NAMI			<u> </u>
STREET ADDRESS			4.3 S1866	LADORESS		
CITY - ST - ZIP			4.4 CITY -	ST - ZIP		
TITLE		DELETE	5 1 TITLE			Change Addition
NAME			5.2 NAME			
STREET ADDRESS			5 3 S ' HE F	FADDRESS		
CITY-ST-ZIP		TT assess	5 4 CITY -	SI - 71F		
TITLE		DELETE	6 1 TITLE			Change Add-tion
NAME			6.2 NAME			
STREET ADDRESS				LADDRESS		
CITY-ST-ZIP	av certify that the information sur	onlied with this filling is voluntarily f	64 CITY -		alify for the exemption stated in Section 1	19 07/3/(k) Florida Statutos I
further co	ruly that the information indicate	d on this population of cupulating is	ocetal apougl	rances no. qua	and accurate and that my eigenburg shall	house the populational offert on 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 617, Florida Statutes, and that my name appears in Block 13 if changed, or on an attachment with an address

SIGNATURE:

SIGNATURE:

SIGNATURE AND TYPED OR DESIRED NAME OF SIGNING OFFICER OR DIRECTOR

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