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

Mailing Address 5700 LAKE WORTH RD

LAKE WORTH FL 33463-4727

SUITE 311-3

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business

5700 LAKE WORTH RD **SUITE 311-3**

LAKE WORTH FL 33463

NAME

STREET ADDRESS

CiTY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F9600001525 (2)

RAY BLOCHER COMPONENTS, INC.

2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 13-2965933 21 26 Not Applicable Suite. Apt. #, etc. Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes \(\sigma\) No Zip Country Ζıp Country 24 25 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name BLOCHER, RAYMOND 5700 LAKE WORTH RD Street Address (P.O. Box Number is Not Acceptable) 82 **SUITE 311-3** 83 LAKE WORTH FL 33463 City Zip 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, type-if or pented name of registering artest and their applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. PS DELETE Change Addition TITLE 1 1 71716 **BLOCHER, RAYMOND** 1.2 NAME NAME 8562 WHITE EGRET WAY STREET ADDRESS 13 STREET ADDRESS LAKE WORTH FL 33467 14 City-ST-ZIP CITY-ST-7/P DELE16 21 TITLE Change Addition TITLE 2 2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2. 4 CITY - ST - ZIP CITY-ST-7P DELETE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY ST ZIP 3.4, CITY-ST-ZIP DELETE Addition 4.1 TITLE THILE NAME 4 2 NAME STREET ADORESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY ST ZIP Change Addition DELETE 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5 4 CITY - \$1 - ZIP CHY-ST-ZIP DFLETE Change Addition

61 TITLE 62 NAME

14. I do hereby certly 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

6.3 STREET ADDRESS

64 CITY-ST-ZIP

information indicated on this annual report of 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

RAMOUD BLOCHER

FILED

Jan 14 1997 8:00am

Secretary of State

3a. Date of Last Report

3. Date Incorporated or Qualified

03/26/1996