

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 04, 1999 8:00 am
Secretary of State

03-04-1999 90148 002 ***150.00

DOCUMENT # F98000001550

1. Corporation Name

RAYMAR CORPORATION OF D.C.

Principal Place of Business

3611 CARDIFF ROAD
CHEVY CHASE MD 20815-5945

Mailing Address

3611 CARDIFF ROAD
CHEVY CHASE MD 20815-5945

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/18/1998

4. FEI Number

52-0807591

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

☐

☐ No

9. Name and Address of Current Registered Agent

BONE, SHEILA S.
2701 CAMBRIDGE RD
LANTANA FL 33462

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PCO ☐ DELETE

NAME ANSELMO, RAYMOND J
STREET ADDRESS 10 PINE REACH
CITY-ST-ZIP HENLOPEN ACRES DE

TITLE VD ☐ DELETE

NAME MCCORMICK, INEZ M
STREET ADDRESS 5450 WHITLEY PARK TERR., #805
CITY-ST-ZIP BETHESDA MD

TITLE STD ☐ DELETE

NAME ANSELMO, MARIE L
STREET ADDRESS 10 PINE REACH
CITY-ST-ZIP HENLOPEN ACRES DE

TITLE D ☐ DELETE

NAME ANSELMO, RITA M
STREET ADDRESS 5309 CAMBERLEY AVE.
CITY-ST-ZIP BETHESDA MD

TITLE D ☐ DELETE

NAME JUSTUS, HELEN M
STREET ADDRESS 18708 ROLLING ACRES WAY
CITY-ST-ZIP OLNEY MD

TITLE D ☐ DELETE

NAME SMITH, DORIS A
STREET ADDRESS 8222 LARRY PLACE
CITY-ST-ZIP CHEVY CHASE MD

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☒ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☒ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)