

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION  
ANNUAL REPORT  
**1995**



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

FILED

DOCUMENT # **G01294** (9)

1. Corporation Name

**RAINBERRY DEVELOPERS ONE, INC.**

95 MAR 21 PM 3: 25

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

5100 CHAMPION BLVD.  
BOCA RATON FL 33496  
US

5100 CHAMPION BLVD.  
BOCA RATON FL 33496  
US

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21	1900 Glades Road	26	1900 Glades Road	09/24/1982	03/22/1994
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	Applied For
22	Suite 400	27	Suite 400	59-2221281	Not Applicable
City & State		City & State		5. Certificate of Status Desired	\$8.75 Additional Fee Required
23	Boca Raton, FL	28	Boca Raton, FL	<input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Zip 33431	25	Country USA	29	33431
30	Country USA	6. Election Campaign Financing Trust Fund Contribution			
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
FLACK, ROY 5100 CHAMPION BLVD. BOCA RATON FL 33496				81 Name	Gary L. Kornfeld		
				82 Street Address (P.O. Box Number is Not Acceptable)	1400 Centrepark Boulevard, Suite 1000		
				83			
				84 City	West Palm Beach	85 Zip Code	FL 33401

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]* (NOTE: Registered Agent signature required when reinstating) DATE: 2/14/95

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FLACK, ROY	1.2 NAME	
STREET ADDRESS	5100 CHAMPION BLVD.	1.3 STREET ADDRESS	4050 N. Ocean Drive, Apt. 103
CITY-ST-ZIP	BOCA RATON FL	1.4 CITY-ST-ZIP	Singer Island, FL 33404
TITLE	TVS	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KATZ, STANLEY M.	2.2 NAME	
STREET ADDRESS	9000 W ATLANTIC BLVD	2.3 STREET ADDRESS	1900 Glades Road, Suite 400
CITY-ST-ZIP	BOCA RATON FL	2.4 CITY-ST-ZIP	Boca Raton, FL 33431
TITLE	VAS	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SIEMENS, RICHARD	3.2 NAME	
STREET ADDRESS	5100 CHAMPION BLVD.	3.3 STREET ADDRESS	4800 N. Federal Highway, Suite 202E
CITY-ST-ZIP	BOCA RATON FL	3.4 CITY-ST-ZIP	Boca Raton, FL 33431
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 110.07(3)(4), 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.

SIGNATURE: *[Signature]* February 22, 1995 407/845-1457  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #  
 Roy Flack, Pres.