**FILED** 

Apr 30, 1999 8:00 am Secretary of State

04-30-1999 90031 023 \*\*\*158.75

DO NOT WRITE IN THIS SPACE

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

Mailing Address

SUITE 569

6278 N. FEDERAL HWY

FT. LAUDERDALE FL 33308

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # **G77770**

1. Corporation Name

Principal Place of Business

FT. LAUDERDALE FL 33308

6278 N. FEDERAL HWY

**SUITE #569** 

RAYMAR INTERNATIONAL, INC.

US	•	US			01/06/1984	•
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number	Applied For
21		26		,	65-0114844	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		_	5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & Stat	8	City & State			6. Election Campaign Financing	\$5.00 May Be
23		28			Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Cour	itry	8. This corporation owes the current year Int	angible
24	25	29	30		Personal Property Tax.	☐ Yes ☐ No
,	9. Name and Address of Curren	t Registered Agent			10. Name and Address of New Registered	Agent
				81 Name		
STEINER, MICHAEL S.				82 Street A	Address (P.O. Box Number is Not Acceptable)	
616 E. ATLANTIC AVE.				50 Sileet A	Addless (F.O. Dox Number is Not Acceptable)	
DELRAY BEACH FL				83		
						[] 71- 0-4-
				84 City	FL	85 Zip Code
office or r agent. I a	to the provisions of Sections 607.050: egistered agent, or both, in the State of m familiar with, and accept the obligat	of Florida. Such change w	as authorized	by the corpo	corporation submits this statement for the purpose of ration's board of directors. I hereby accept the appor	changing its registered ntment as registered
SIGNATURE	Signature, typed or printed name of registered agen	nt and title if applicable. (	NOTE: Registered	Agent signature re	equired when reinstaling) DATE	
12.		ID DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AN	ID DIRECTORS IN 12
TITLE	D	☐ DELETI	Ε 1.1 ΤΙΤ	LE		Change  Additi
NAME	BARIBEAU, RAYMOND M.		1.2 NA	VIE		
STREET ADDRESS	100 000 000 000 000 000			REET ADDRESS	6643 SKIPPER TERR	.,
CITY-ST-ZIP	BOCA PATON FL	512 to2	14 CF	Y-ST-ZIP	6643 SKIPPER TERR MARGATE, FL 330	63
TITLE	DOO!!!	DELETI				☐ Change ☐ Additi
NAME			2.2 NA	ME		
STREET ADDRESS			2.3 ST	REET ADDRESS		_
				Y-ST-ZIP	· · · · · · · · · · · · · · · · · · ·	·
CITY-ST-ZIP		☐ DELET				☐ Change ☐ Additi
NAME			3.2 NA	ME		
				REET ADDRESS		
STREET ADDRESS				Y-ST-ZIP		
CITY-ST-ZIP TITLE		DELET				☐ Change ☐ Additi
		525211	4.2 N/			
NAME	1			REET ADDRESS		
STREET ADDRESS				Y-ST-ZIP		
CITY-ST-ZIP		☐ DELET		+		☐ Change ☐ Additi
TITLE			5.1 III	ī [		_ · _
NAME				REET ADDRESS		
STREET ADDRESS	[			Y-ST-ZIP		•
CITY-ST-ZIP		DELET				☐ Change ☐ Additi
TITLE			6.2 NA		-	Ci outrido Diagra
NAME						
STREET ADDRESS		•		REET ADDRESS		
	t .		■ 64 C□	V_ST_7IP		

14. 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 of the receiver or trusted 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:

ECO CAROLD SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR