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

**PROFIT** CORPORATION \* ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

|                                  | 1996  | DIVI  | SION OF CORPORATION                    | s   |   |   |                                    |
|----------------------------------|---|---|--|---|---|---|------------------------------------|
| DOCU<br>1. Corporatio            | MENT # H  | 83241   | (0)                                    |   |   |   |                                    |
|                                  | RA SYSTEMS, INC.  |   |  |   |   |   |                                    |
|                                  |   |   |  |   |   |   |                                    |
| Principal Place                  | e of Business   | Mailing Addres  | s                                      |   |   |   |                                    |
| 29 S.E. 20TH AVENUE 29 S.E. 20TH |   |   |  |   |   |   |                                    |
| POMPANO                          | BCH. FL 33060   | POMPANO   | BCH. FL 33060                          |   |   |   |                                    |
|                                  |   |   |  |   | 3. Date Incorporated or Qualified 10/28/1985                                | 3a. Date of La                            | ast Report<br>1/1995               |
| ·                                | lace of Business  | 2a. Mailing Add   | ress                                   |   | 4. FEt Number   |   | Applied For                        |
| Suite, Apt. #, etc.              |   | 26  | Suite, Apt. #, etc.                    |   | <b>59-2604610</b> Not Applicab  |   |                                    |
| Suite, Apr. #, Bio.              |   | 27  | <b>a</b>                               |   | 5. Certificate of Status Desired  |   | 3.75 Additional<br>Fee Required    |
| City & State                     |   | <del>                                     </del>  | City & State                           |   | 6. Election Campaign Financing  | 2   | 5.00 May Be                        |
| Zip                              | Country   | 28 Zip  | Country                                |   | Trust Fund Contribution  8. This corporation has liability for              |   | Added to Fees                      |
|                                  | 25  | 29  | 30                                     |   |   | Intangible tax tino<br>□ No               | ers 199.032,                       |
|                                  | g. Name and Address   | of Current Registered Agent   |  | lame  | 0. Name and Address of New F  | legistered Agen                           | l .                                |
| DECKE                            | ER, THOMAS J.   |   |  |   | (D O Day N. salas is No. 1  |   |                                    |
| 29 S.E                           | E. 20TH AVE.  |   | <u>L'L</u>                             | treet Address                                 | (P.O. Box Number is Not Acceptab  | ile)                                      |                                    |
| POMP                             | ANO BCH. FL 33060   |   | <b>B3</b>                              |   |   |   |                                    |
|                                  |   |   | 84 C                                   | ity   |   | FL B5                                     | Zip Code                           |
| 1. Pursuant 1                    | to the provisions of Sections                               | 607.0502 and 607.1508, Florid   | da Statutes, the above-nam             | ned corporation                               | submits this statement for the pur  |   | its registered office              |
| Or register                      | reo agont, or both, at the siz                              | ate of Florida. Such change was<br>as of, Section 607.0505, Florida   | authorized by the corpora              | tion's board of                               | directors. I hereby accept the app  | ointment as regist                        | ered agent. I am                   |
| GNATURE _                        | Signature, typed or printed name of re                      | distance agent and title if anythrapide   | (NOTE Registered Agent sig             | TALKS FOR WORLD                               | - seinalahan  |   |                                    |
| 2.                               | OFFI  | ICERS AND DIRECTORS   | 13.                                    | ALUE TELOTED WITE                             | ADDITIONS/CHANGES TO OFF  | DATE<br>ICERS AND DIRE                    | CTORS IN 12                        |
| LF                               | PD<br>Sumner, IAN N.  | ☐ DEL   |  |   |   | ☐ Cha                                     | nge 🔲 Addition                     |
| .ME<br>REET ADDRESS              | 4900 N.E. 27TH TE   | :RR   | 1.2 NAME<br>1.3 STREET ADD             | enree   |   |   |                                    |
| TY - ST - ZIP                    | LIGHTHOUSE POIN   |   | 1.4 CITY-ST-ZI                         | 1   |   |   |                                    |
| TLE                              | V\$T  | _ DEL   |  |   |   | ☐ Cha                                     | nge 🔲 Addition                     |
| ime<br>Reet address              | DECKER, THOMAS J.<br>1390 S. OCEAN BLVD. #14D               |   | 2.2 NAME                               | n.c   |   |   |                                    |
| Y-ST-71P                         | POMPANO BCH. F  |   | 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP |   |   |   |                                    |
| LF                               |   | ☐ DEL   | · · · · · · · · · · · · · · · · · · ·  |   |   | ☐ Cha                                     | ngr 🔲 Addition                     |
| ME                               |   |   | 3.2 NAME                               |   |   |   |                                    |
| REE1 ADDRESS<br>Y+S1+ZIP         |   |   | 3.3. STREET ADD                        |   |   |   |                                    |
| .E                               |   | ☐ DEL   | 3.4 CITY-ST-ZII<br>ETE 4.1 TITLE       | <u>^-                                    </u> |   | Char                                      | nge 🗍 Addition                     |
| AE .                             |   |   | 4.2 NAME                               |   |   |   |                                    |
| EET ADDRESS                      |   |   | 4.3 STREET ADD                         | RESS  |   |   |                                    |
| Y - ST - ZIP<br>"E               |   | [ ] DEL   | 4.4 CITY - ST - ZII  ETE 5 1 TITLE     | · -   |   |   |                                    |
| te                               |   |   | 52 NAME                                |   |   | ☐ Char                                    | ng∈                                |
| EET ADDRESS                      |   |   | 5 3 STREET ADD                         | RESS  |   |   |                                    |
| r ST - ZIF                       |   |   | 5.4 CITY-ST-ZH                         | ·   |   |   |                                    |
| F<br>!£                          |   | ☐ DEL   | i i                                    |   |   | ☐ Char                                    | nge 🔲 Addition                     |
| EET ADDRESS                      |   |   | 6.2 NAME<br>6.3 STREET ADD             | RF S C  |   |   |                                    |
| Y - ST - ZIP                     |   |   | 6.4 CITY - ST - ZIF                    | ,   |   |   |                                    |
| , I do hereby<br>certify that    | y certify that the information the information indicated or | supplied with this filing is volunt   | arily furnished and does no            | t qualify for the                             | exemption stated in Section 119.t<br>d that my signature shall have the     | 07(3)(k), Florida St                      | atutes. I further                  |
| oan, man                         | i ai i ari dilicer di dilector di                           | the corporation or the receiver of the corporation or the receiver of the receiver of the corporation and attachment with | or trustee empowered to a:             | cecute this rep                               | o that my signature shall have the :<br>ort as required by Chapter 607, Flo | same legal effect a<br>rida Statutes; and | as if made under<br>I that my name |
|                                  | $\nu$   | ngor, oron an anachment with  |  |   |   | _ ^ -                                     |                                    |
| IGNAT                            | URE: // /   | Secker T. 1   | , DECKER                               |   | 4/22/96<br>Date   | 305-94                                    | 11-7610                            |
|                                  | SIGNATURE AN  | DTYPED OR PRINTED NAME OF SIGNIF  | IG OFFICER OR DIRECTOR                 |   | Date  | Daytime Pt                                | ions #                             |