

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # J22565 (2)

1. Corporation Name

RAINTREE MARKETING, INC.

Principal Place of Business

% RICHARD KULLMAN  
173 RAINTREE DRIVE  
LONGWOOD FL 32779

Mailing Address

301 N FERCREEK AVENUE  
SUITE B  
ORLANDO FL 32803  
US



3. Date Incorporated or Qualified  
07/07/1986

3a. Date of Last Report  
07/25/1995

2. Principal Place of Business

2a. Mailing Address

21 301 N. FERCREEK AVE

26 Suite, Apt. #, etc.

22 # B

27 Suite, Apt. #, etc.

23 ORLANDO FL

28 City & State

24 32803

29 Zip Country

25

30

4. FEI Number

59-2702396

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s 199.032,  
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MAKHOFER, SCOTT W CPA  
301 N FERCREEK AVE SUITE B  
ORLANDO FL 32803

81 Name

SCOTT W. MAKHOEFER

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 NAME STREET ADDRESS CITY- ST- ZIP

PM  
KULLMAN, RICHARD  
173 RAINTREE DRIVE  
LONGWOOD FL

TITLE NAME STREET ADDRESS CITY- ST- ZIP

TITLE NAME STREET ADDRESS CITY- ST- ZIP

TITLE NAME STREET ADDRESS CITY- ST- ZIP

TITLE NAME STREET ADDRESS CITY- ST- ZIP

TITLE NAME STREET ADDRESS CITY- ST- ZIP

TITLE NAME STREET ADDRESS CITY- ST- ZIP

TITLE NAME STREET ADDRESS CITY- ST- ZIP

TITLE NAME STREET ADDRESS CITY- ST- ZIP

TITLE NAME STREET ADDRESS CITY- ST- ZIP

TITLE NAME STREET ADDRESS CITY- ST- ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. 1 TITLE

PS

☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY- ST- ZIP

1025 MONTEREY VISTA WAY  
ENCINITAS CA 92024

2. 1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY- ST- ZIP

☐ Change ☐ Addition

3. 1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY- ST- ZIP

☐ Change ☐ Addition

4. 1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY- ST- ZIP

☐ Change ☐ Addition

5. 1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY- ST- ZIP

☐ Change ☐ Addition

6. 1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY- ST- ZIP

☐ Change ☐ Addition

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 119.07(3)(k), 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:

*Richard Kullman, President*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

X

4/10/96  
Date

Daytime Phone #

CR2E034 (12/95)