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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # J28559

RATHER MARKETING, INC.

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Mar 12 1998 8:00am

Secretary of State

Mailing Address Principal Place of Business 220 HUNTER CT 220 HUNTER CT PALM HARBOR FL 34684 PALM HARBOR FL 34684 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 08/11/1986 2. Principal Place of Business 2a. Mailing Address Applied For 1533 *153*3 59-2702155 Not Applicable \$8.75 Additional 5. Certificate of Status Desired П Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be Added to Fees Trust Fund Contribution 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes 29 10. Name and Address of New Registered Agent Name and Address of Current Registered Agent Name KLEIN, TED 2435 HOLLYWOOD BLVD. Street Address (P.O. Box Number is Not Acceptable) HOLLYWOOD FL 33020 Zip Code City 85 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, typed or printed name of registered agont and life if applicable (NO1(Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Change TITLE 1.1 TITLE RATHER , JULIAN . RATHER, JULIAN 1.2 NAME NAME 1533 N.G. 174 TERR. 220 HUNTER CT 1.3 STREET ADDRESS STREET ADORESS FT. LAUDIADME, FL. 33804 PALM HARBOR FL 1.4 CITY-ST-ZIP CITY-ST-ZIP DELETE TITLE 2.1 TITLE NAME 2.2 NAME STREET ADDRESS 2 3 STREET ADDRESS CITY-ST-ZIP 2 4 CITY - ST-ZIP DELETE Change Addition 31 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP ☐ DELETE ☐ Change Addition 4.1 TITLE TITLE 4 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP Change Addition DELETE 5.1 TITLE TITL F 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP Channe Addition DELETE 6.1 TITLE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 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 eath; 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:

2/21/94)