

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **J47117** (3)

1. Corporation Name  
**RAST CHANG, INC.**



Principal Place of Business: **10012 N DALE MABRY STE 219 TAMPA FL 33618 US**  
Mailing Address: **% WILLIAM J. RAST 10012 N DALE MABRY, STE 219 TAMPA FL 33618 US**

2. Principal Place of Business: **21** State, Apt. #, etc. **22** City & State **23** Zip **24** Country **25**  
2a. Mailing Address: **26** State, Apt. #, etc. **27** City & State **28** Zip **29** Country **30**

3. Date Incorporated or Qualified: **12/15/1986** 3a. Date of Last Report: **02/21/1995**  
4. FLE Number: **59-1503066** Applied For:  Not Applicable:   
5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**  
6. Election Campaign Financing:  **\$5.00 May Be Added to Fees**  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No  
10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent

**RAST, WILLIAM J. 10012 N DALE MABRY SUITE 219 TAMPA FL 33618**

81 Name: **AL R. LOPEZ, JR., ESQ.**  
82 Street Address (P.O. Box Number is Not Acceptable): **4600 W. Cypress St., Suite 500**  
83 City: **Tampa, FL 33607**  
84 City: **Tampa** 85 Zip Code: **FL 33607**

11. Pursuant to the provisions of Sections 607.0502 and 607.0503, 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 607.0503, Florida Statutes.

SIGNATURE: *Al R. Lopez, Jr.* DATE: **3/15/96**

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	CHANG, BASIL C.Y.	
STREET ADDRESS	10012 N DALE MABRY, STE 219	
CITY-ST-ZIP	TAMPA FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	RAST, WILLIAM J.	
STREET ADDRESS	10012 N DALE MABRY, STE 219	
CITY-ST-ZIP	TAMPA FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '92

1. TITLE	VP/S/T/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Chang, Basil C.Y.	
1.3 STREET ADDRESS	10012 N Dale Mabry, Ste 219	
1.4 CITY-ST-ZIP	Tampa, Florida	
2. TITLE	P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Rast, William J.	
2.3 STREET ADDRESS	10012 N Dale Mabry, Ste 219	
2.4 CITY-ST-ZIP	Tampa, Florida	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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 119.07(3)(b), 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 after-filing with an affidavit.

SIGNATURE: *William J. Rast*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/14/96 (813) 969-4988  
DATE AND PHONE #

CR2E034 (12/95)