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Feb 26 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # J47117 (3)  
1. Corporation Name  
RAST ASSOCIATES, 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 33618-4425 US

3. Date Incorporated or Qualified: 12/15/1986  
3a. Date of Last Report: 03/20/1996

2. Principal Place of Business: 21 10911 ORANGE GROVE DR Suite, Apt #, etc. 22 City & State: TAMPA, FL Zip: 33618 Country: USA  
2a. Mailing Address: 26 10911 ORANGE GROVE DR Suite, Apt #, etc. 27 City & State: TAMPA, FL Zip: 33618 Country: USA  
4. FEI Number: 59-1503066 Applied For: Not Applicable  
5. Certificate of Status Desired: [checked] \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution: [checked] \$5.00 May Be Added to Fees  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: [ ] Yes [checked] No

9. Name and Address of Current Registered Agent: LOPEZ, AL R 4600 W CYPRESS ST STE 500 TAMPA FL 33607  
10. Name and Address of New Registered Agent: 81 Name, 82 Street Address (P.O. Box Number is Not Acceptable), 83, 84 City, 85 Zip Code: FL

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: VSTD [checked] DELETE	NAME: CHANG, BASIL C.Y.	1.1 TITLE: [ ] Change [ ] Addition	
STREET ADDRESS: 10012 N DALE MABRY, STE 219	CITY-ST-ZIP: TAMPA FL	1.2 NAME:	
		1.3 STREET ADDRESS:	
		1.4 CITY-ST-ZIP:	
TITLE: PD [ ] DELETE	NAME: RAST, WILLIAM J.	2.1 TITLE: [ ] Change [ ] Addition	
STREET ADDRESS: 10012 N DALE MABRY, STE 219	CITY-ST-ZIP: TAMPA FL	2.2 NAME:	
		2.3 STREET ADDRESS:	
		2.4 CITY-ST-ZIP:	
TITLE: [ ] DELETE	NAME:	3.1 TITLE: [ ] Change [ ] Addition	
STREET ADDRESS:		3.2 NAME:	
CITY-ST-ZIP:		3.3 STREET ADDRESS:	
		3.4 CITY-ST-ZIP:	
TITLE: [ ] DELETE	NAME:	4.1 TITLE: [ ] Change [ ] Addition	
STREET ADDRESS:		4.2 NAME:	
CITY-ST-ZIP:		4.3 STREET ADDRESS:	
		4.4 CITY-ST-ZIP:	
TITLE: [ ] DELETE	NAME:	5.1 TITLE: [ ] Change [ ] Addition	
STREET ADDRESS:		5.2 NAME:	
CITY-ST-ZIP:		5.3 STREET ADDRESS:	
		5.4 CITY-ST-ZIP:	
TITLE: [ ] DELETE	NAME:	6.1 TITLE: [ ] Change [ ] Addition	
STREET ADDRESS:		6.2 NAME:	
CITY-ST-ZIP:		6.3 STREET ADDRESS:	
		6.4 CITY-ST-ZIP:	

14. I do 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 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: [Signature] 2/17/97 (813) 930-2199  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)