FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(7)

RAJA PROPERTIES, INC.

FILED

May 01 1998 8:00am

Secretary of State

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Principal Pla	ce of Business	Mailing Address			.	-{	AI DIVII EIRI	1 81811 81811 81 1	HI OLDE IODE	
853 N. RAINBOW DR. HOLLYWOOD FL 33021 US 853 N. RAINBOW DR. HOLLYWOOD FL 33021 US			1							
			•			DO NOT WRITE IN THIS SPACE				
						3. Date Incorporated or Qualified 01/28/1987			 	
	Piace of Business	2a. Mailing Address				4. FEI Number		I	pplied For	\dashv
21	26	•			59-2777064			ot Applicable	e	
Suite, Apt. #, etc. Suite, Apt. #, etc. 22 27					' '	5. Certificate of Status Desired	atus Desired S8.75 Additional Fee Required			
I City & Sta	ile	City & State	3			Election Campaign Financing			May Be	\dashv
23		28				Trust Fund Contribution			to Fees	
Zip	Country	Zıp	Cou	intry	··· · - · · - · · · · · · · · · · · · ·	8. This corporation owes or has pai	id the cur			7
24	25	29	30			Personal Property Tax due June 30. Kyes No				
	9, Name and Address of Curr	ent Registered Agent				10. Name and Address of New Reg	pistered .	Agent]
	ILBERT, RALPH			81 1	Name					
	53 N. RAINBOW DR.			B2 S	Street Addre	ss (P.O. Box Number is Not Acceptab	le)			┪
	OLLYWOOD HILLS FL 33021			83						_
								 		
				84 (City		FL.	85 Zip	Code	
I Oπice or	registered agent, or both, in the Sta	te of Florida. Such change wa s	authorized	d by th	amed corpo ne corporatio	oration submits this statement for the property of directors. I hereby accept	urnoco of	changing if ointment as	is registered registered	d.
agent. I	am ramiliar with, and accept the ob-	igations of, Section 607.0505, F	lorida Stat	utes.		, ,			ŭ	
SIGNATURE	Signature, typed or printed name of registered a	igent and little if applicable (NC	TE Registered	Agent s	ignature required	d when reinstating)	DATE			-
12.		ND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFIC	ERS AND	DIRECTOR	S IN 12	
TITLE	PTO NAMES	DELETE 1.1 TO		LE				Change	☐ Addition	٤ ا ١
NAME	DI BUONO, JAMES 863 N. RAINBOW DR.	1.2 NA		ME						- 5
STREET ADDRESS	HOLLYWOOD FL		1.3 ST		DRESS					Į
CITY-ST-ZIP	VSD	DELETE		TY-ST-Z	IP				F 1 4 4 100	ۆ _ اۆ
TITLE	GILBERT, RALPH	☐ DELETE	2.1 717					L Change	☐ Addition	
NAME	653 N. RAINBOW DR.			2.2 NAME						
STREET ADDRESS	HOLLYWOOD HILLS FL			reet ade						
CITY-ST-ZIP TITLE	1102211100011122012	DELETE	2.4 C	TY-ST-Z	ZIP			Change	Addition	_
NAME								L Change	☐ Addition	
STREET ADDRESS			3.2 NA	-	ooree					
CITY-ST-ZIP				REET ADI						j
TITLE		DELETE	4 1 TIT	TY-\$T-2	(11)			Change	Addition	∄
NAME			4. 2 N					ondingo		
STREET ADDRESS				REET ADD	nress					
CITY-ST-ZIP				1Y - ST - 2 1	- 1					
TITLE		DELETE	5.1 111		" -			Change	Addition	Н.
NAME			5.2 NA							
STREET ADDRESS			•	REET ADD	SRESS					
CITY-ST-ZIP				IY-ST-ZI	Į.					
TITLE		DELETE	6.1 (1)		"			Change	Addition	Н
NAME			6.2 NA							
STREET ADDRESS				REET ADD	DAESS					
CITY-ST-ZIP				Y-ST-Z						

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 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.