

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **J84830** (5)

1. Corporation Name
RAIDER CONSTRUCTION, INC.



Principal Place of Business: **RAFFA ASSOCIATES INC. 4336 NE 5 AVE. FT. LAUDERDALE FL 33334 US**
Mailing Address: **JOSEPH W. RAFFA 4336 NE 5 AVE. FT. LAUDERDALE FL 33334 US**

3. Date Incorporated or Qualified: **07/29/1987**
3a. Date of Last Report: **01/18/1995**
4. FEI Number: **66-0437895**
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

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

9. Name and Address of Current Registered Agent

**RAFFA, JOSEPH WILLIAM
4336 NE 5 AVENUE
FT. LAUDERDALE FL 33334**

10. Name and Address of New Registered Agent

81 Name
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 of Registered Agent (Required for Change of Registered Agent)

Signature of Registered Agent (Required for Change of Registered Agent)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D RAFFA, JOSEPH	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RAFFA, JOSEPH	1.2 NAME	
STREET ADDRESS	2824 NE 3 TERRACE	1.3 STREET ADDRESS	
CITY-STATE-ZIP	WILTON MANORS FL	1.4 CITY-STATE-ZIP	
TITLE	V RAFFA, FRANK T	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RAFFA, FRANK T	2.2 NAME	
STREET ADDRESS	2310 NW 6 AVE.	2.3 STREET ADDRESS	
CITY-STATE-ZIP	WILTON MANORS FL 33311	2.4 CITY-STATE-ZIP	
TITLE	D RAFFA, PATRICK	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RAFFA, PATRICK	3.2 NAME	
STREET ADDRESS	2310 NW 6 AVE.	3.3 STREET ADDRESS	
CITY-STATE-ZIP	WILTON MANORS FL 33311	3.4 CITY-STATE-ZIP	
TITLE	DT RAFFA, D T	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RAFFA, D T	4.2 NAME	
STREET ADDRESS	4011 NE 26TH AVE.	4.3 STREET ADDRESS	
CITY-STATE-ZIP	LIGHT HOUSE POINT FL 33064	4.4 CITY-STATE-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-STATE-ZIP		5.4 CITY-STATE-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-STATE-ZIP		6.4 CITY-STATE-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)(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:

Joseph W. Raffa
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JANUARY 22, 1996 305-563-2339

Date

Daytime Phone #

CR2E034 (12/95)