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**PROFIT** CORPORATION ANNUAL REPORT

1999

1. Corporation Name



FLORIDA DEPARTMENT OF STATE

# **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

# FILED May 15, 1999 8:00 am Secretary of State

05-15-1999 90023 021 \*\*\*150.00

	RAFTERS, INC.									
Principal Place	e of Business	Maili	ng Address				-	<b></b>	)	1841 BIBIT 1881
349 SOUND DRIVE 349 SOUND DRIVE KEY LARGO FL 33037 KEY LARGO FL 33037							DO NOT WRITE	E IN THIS:	SPACE	
							3. Date Incorporated or Qualifed			
							12/21/1987			
2. Principal P	lace of Business	2a. N	Mailing Address	_			4. FEI Number		Ар	plied For
21		26	Ť				65-0023357		No	t Applicable
Suite, Apt.	#, etc.		iuite, Apt. #, etc.				5. Certifcate of Status Desired		\$8.75 A	
22		27					5. Certificate of Status Desired		Fee Re	<del></del>
City & State	е	C	City & State				6. Election Campaign Financing		\$5.00	
23		28					Trust Fund Contribution		Added t	o Fees
Zip	Country	<u></u> ⊢	lip	Cour	ntry		8. This corporation owes the curren	nt year Inta		□No
24	25	29		30		<u></u>	Personal Property Tax.	-istored /	Yes	UNO UNO
	9. Name and Address of Cur	rrent Register	red Agent		81	Name	10. Name and Address of New Re	gistered A	-gent	
CAR	BONE, SUSAN				ĺ					
	) S.W. 66 AVENUE			ĺ	82	Street Addre	Address (P.O. Box Number is Not Acceptable)			
	MI FL 33155			}	83			-		
Total A										
					84	City		FL	85 Zip (	Code
office or r	registered agent, or both, in the Starm familiar with, and accept the oblined accept the	ate of Florida. ligations of, S	Such change was a ection 607.0505, Flo	autnorized orida Statu	by th ites.	ne corporation	ration submits this statement for the p a's board of directors. I hereby accept	тие арроні	tment as re	gistered
12.					ADBITE S		when relistating)	DATE		
	UPFICERS	AND DIRECT	·· · · · · · · · · · · · · · · · · · ·	13.	Agent s	agratato roquiros	ADDITIONS/CHANGES TO OFF		D DIRECTO	RS IN 12
TITLE	PD	AND DIRECT	·· · · · · · · · · · · · · · · · · · ·						D DIRECTO	PRS IN 12
TITLE NAME		AND DIRECT	TORS	13.	LE					
	PD ELLIOT, WYMAN 349 SOUND DR	AND DIRECT	TORS	13. 1.1 ΠΤ 1.2 NA	LE ME	DORESS				
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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, with all other like empowered.

SIGNATURE:

NO TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Davlime Phone #