

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

CORPORATION
ANNUAL REPORT
1995



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

**APPROVED
AND
FILED**

DOCUMENT # **K62333** (5)

1. Corporation Name
RAINEE AND ASSOCIATES, INC.

1995 MAY -1 PH 1:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business: 2271-E HILLSBOROUGH AVE, 3310 E MOHAWK AVE, TAMPA FL 33601 US
Mailing Address: % SYLVIA RAINEY, 3310 E MOHAWK AVE, TAMPA FL 33610

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/27/1989
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-2930229
Applied For: Not Applicable
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 Suite, Apt. #, etc. 26 City & State: 23 Zip: 25 Country: 29 Zip: 30 Country:

9. Name and Address of Current Registered Agent: RAINEY, SYLVIA, 3310 E MOHAWK AVE, TAMPA FL 33610
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: _____ (NOTE: Registered Agent signature required when re-registering) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: D	RAINEY, SYLVIA 3310 E MOHAWK AVE TAMPA FL	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: D	LETT, BEVERLY 4505 37TH ST TAMPA FL	1.2 NAME	
STREET ADDRESS:		1.3 STREET ADDRESS	
CITY- ST- ZIP:		1.4 CITY- ST- ZIP	000001492290
TITLE:		2.1 TITLE	-05/17/95--01487015 <input type="checkbox"/> Addition
NAME:		2.2 NAME	****200.00 ****200.00
STREET ADDRESS:		2.3 STREET ADDRESS	
CITY- ST- ZIP:		2.4 CITY- ST- ZIP	
TITLE:		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		3.2 NAME	
STREET ADDRESS:		3.3 STREET ADDRESS	
CITY- ST- ZIP:		3.4 CITY- ST- ZIP	
TITLE:		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		4.2 NAME	
STREET ADDRESS:		4.3 STREET ADDRESS	
CITY- ST- ZIP:		4.4 CITY- ST- ZIP	
TITLE:		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		5.2 NAME	
STREET ADDRESS:		5.3 STREET ADDRESS	
CITY- ST- ZIP:		5.4 CITY- ST- ZIP	
TITLE:		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		6.2 NAME	2A
STREET ADDRESS:		6.3 STREET ADDRESS	5-1-95
CITY- ST- ZIP:		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 attachment with an address.

SIGNATURE: Sylvia Rainey 4-27-95 8/3-2393404
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date (Signature Please)