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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT # L02207

(3)

 Corporation 	Name	_	(-)						
R.A. W	ILHELM, INC.								
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<u> </u>									
Principal Place	of Business	Mailing Addre	Mailing Address						
4610 47TH W		4510 47TH WAY NORTH							
ST. PETERSB	IURG FL 33714	SI. PETERS	BURG FL 33714						
						 Date Incorporated or Qualified 07/14/1989 	3a. Date of		
2. Principal Place of Business 28, Mailing Address									
21	ace or Edamess	[26]			59-2958738			Applied For Not Applicable	
Suite, Apt. #, etc		Suite, Apt #, etc.						Additional	
22		27			5. Certificate of Status Desired Fee Required				
City & State	9	City & State			6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees				
23		28							
Zip Country 25		Zip 29		Country 30		8. This corporation has liability for Florida Statutes	∵intang≀ble tax υ s □ No	under s	199.032,
	g Name and Address of Curre			1 T		10. Name and Address of New		ent	
				81	Name				
RICHARDS, LIZ				82	Stroot Ark	ress (P.O. Box Number is Not Acceptable)			
	T AVE NORTH				Street Act	Street Address (F.O. Dox Number 15 Not Acceptable)			
ST PETERSBURG FL 33710			83						
•				84	City			85 Zıç	Code
<u>t</u>	Alexander (C. 11 - 207 050						⊢ ⊢L ∣		
■or registere	ed agent, or both, in the State of Floi	rida. Such change w	as a ithorized by	ie atioveir 7 the corpi	iamed corpo pration's bo	oration submits this statement for the pu and of directors. Thereby accept the app	irpose of chang nointment as rej	ling its ri gistered	egistered office. agent Tam
	th, and a cept the obligations of Sec	otion 607.0505, Flori	da Statutes.						
SIGNATURE	Sprature, typed or printed name of registered anni	nt and fite if askindation	iNoTE fie	oistered Agen	Lsomature region	real when reinstahing	DATE		
12.		ND DIRECTORS		13.		ADDITIONS/CHANGES TO OF	FICERS AND D	IRECTO	BS IN 12
TITLE	PVD	DELETE 1 1		1 1 TITLE				Change	Add-tion
NAME	TREET ADDRESS 4610 47TH WAY NORTH			1.2 NAME					
STREET ADDRESS			l l		ADDRESS				
CITY-ST-ZIP TITLE	SD SI PETENSBUNG PL	□ DELETE		1.4 CITY - ST - ZIP				^	
NAME	l control of the cont	ILHELM, SHARON 2 810 47TH WAY NORTH 2 2		2 1 TITLE 2 2 NAME 2 3 STREET ADDRESS 2 4 CITY - ST - ZIP			Ц	Change	☐ Addition
STREET ADDRESS	•								
CITY-ST-ZIP	ST. PETERSBURG FL								
TITLE		☐ DELETE :		3 1 TITLE		· · · · · · · · · · · · · · · · · · ·		Change	Add-tion
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STREET ADDRESS				33 STREET	ADDRESS				
CITY-S1-ZP				3.4 CITY - S	T-ZIP				
TITLE	☐ DELETE		4 1 TITLE				Change	Add tion	
NAME				4 2 NAME					
STREET ADDRESS				43STHEET	j				
CITY-ST-ZIP TITLE		<u> </u>	DELETE	4.4 CITY - S 5.1 TITLE	1 - ZIP			Carrona	Addition
NAME			5.7 HILE 5.2 NAME		3000018 -06/17/9601	537 2	13 <u>14</u> 190	Manifoli	
STREET ADDRESS					ADDRESS	***200.00	U45==U45)	
CITY-ST-ZIP				54 City - S		<i>কক</i> ক <u>ឧ</u> ՍՍ.ՍՄ			
TITLE	<u> </u>		DELETE	6 1 TITLE			c->	Change	Addition
NAME				6.2 NAME		6000018 (-06/17/9601 ***25.00	043044		1101
STREET ADDRESS		6		63STHEE:	ADDRESS	***25.00	U 10 11	6	しじか
CITY-ST-7IP				SACHTY, S	T. 710			d	Cold

14. If 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. If 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 AND TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/23/96 8135330858

CR2E034 (12/95)