

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

**CORPORATION  
ANNUAL REPORT  
1995**



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

**APPROVED  
AND  
FILED**

95 MAY -1 PM 12:42

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # L59335 (4)**

1. Corporation Name  
**RACHEL ASHLEY INC**

Principal Place of Business Mailing Address  
**C/O PATRICIA K. EGAN  
236 S FEDERAL HWY  
DEERFIELD BEACH FL 33441**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **03/19/1990** 3a. Date of Last Report **05/01/1994**  
4. FEI Number **65-0186349** Applied For  
Not Applicable  
5. Certificate of Status Desired  **\$8.75 Additional  
Fee Required**  
6. Election Campaign Financing  **\$5.00 May Be  
Added to Fees**  
7. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes  Yes  No

2. Principal Place of Business 2a. Mailing Address  
21 *Century Flower Shop* 26 *same*  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
22 *same* 27  
City & State City & State  
23  
Zip Country 28  
24 25 29 30

9. Name and Address of Current Registered Agent  
**EGAN, PATRICIA K.  
843 SE 10TH ST. #5D  
DEERFIELD BEACH FL 33441**

10. Name and Address of New Registered Agent  
B1 Name  
B2 Street Address (P.O. Box Number is Not Acceptable)  
B3  
B4 City **FL** B5 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 *Patricia K. Egan* DATE **4-20-95**  
(Type or print name of registered agent and the principal) (NOTE: Registered Agent signature required when re-registering)

12. OFFICERS AND DIRECTORS  
TITLE **D**  
NAME **EGAN, PATRICIA K.**  
STREET ADDRESS **843 SE 10TH ST. #5D**  
CITY - ST - ZIP **DEERFIELD BEACH FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  
1.1 TITLE  Change  Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY - ST - ZIP  
2.1 TITLE  Change  Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY - ST - ZIP  
3.1 TITLE  Change  Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY - ST - ZIP  
4.1 TITLE  Change  Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY - ST - ZIP  
5.1 TITLE  Change  Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY - ST - ZIP  
6.1 TITLE  Change  Addition  
6.2 NAME  
6.3 STREET ADDRESS  
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 110.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplementary 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 my address.

SIGNATURE: *Patricia K. Egan* DATE **4-20-95** **3054270189**  
(Type or print name of signing officer or director) (Date) (Optional Name #)