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FILED  
Feb 04 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # **L85775** (9)  
1. Corporation Name  
**RAVINES MANAGEMENT CORPORATION**

Principal Place of Business Mailing Address  
**2932 RAVINES ROAD** **2932 RAVINES ROAD**  
**MIDDLEBURG FL 32068** **MIDDLEBURG FL 32068**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>07/06/1990</b>	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number <b>59-3019313</b>	Applied For <input type="checkbox"/> Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
24	Country	29	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**KEEFE, KENNETH M. JR.**  
**50 N. LAURA ST.**  
**3330 BARNETT CENTER**  
**JACKSONVILLE FL 32202**

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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	<b>SD</b>	<input type="checkbox"/> DELETE
NAME	<b>HYOHGO, TOHRU</b>	
STREET ADDRESS	<b>2932 RAVINES RD.</b>	
CITY-ST-ZIP	<b>MIDDLEBURG FL</b>	
TITLE	<b>TD</b>	<input type="checkbox"/> DELETE
NAME	<b>SADO, HIROYUKI</b>	
STREET ADDRESS	<b>2932 RAVINES ROAD</b>	
CITY-ST-ZIP	<b>MIDDLEBURG FL</b>	
TITLE	<b>CD</b>	<input type="checkbox"/> DELETE
NAME	<b>KONDO, MITSUYOSHI</b>	
STREET ADDRESS	<b>2932 RAVINES ROAD</b>	
CITY-ST-ZIP	<b>MIDDLEBURG FL</b>	
TITLE	<b>VD</b>	<input type="checkbox"/> DELETE
NAME	<b>MONAHAN, STEPHEN</b>	
STREET ADDRESS	<b>2932 RAVINES ROAD</b>	
CITY-ST-ZIP	<b>MIDDLEBURG FL</b>	
TITLE	<b>AVO</b>	<input type="checkbox"/> DELETE
NAME	<b>SADO, HIROYUKI</b>	
STREET ADDRESS	<b>2932 RAVINES ROAD</b>	
CITY-ST-ZIP	<b>MIDDLEBURG FL</b>	
TITLE	<b>PD</b>	<input type="checkbox"/> DELETE
NAME	<b>KONDO, RYOICHI</b>	
STREET ADDRESS	<b>2932 RAVINES ROAD</b>	
CITY-ST-ZIP	<b>MIDDLEBURG FL</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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.

SIGNATURE: \_\_\_\_\_

*[Signature]*

1/7/98 1904/282-2201

CR2E034 (10/97)