


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Apr 24 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # M26869 (1) 1. Corporation Name RACHAEL, INC.					
Principal Place of Business 4900 LINTON BLVD. DELRAY BCH. FL 33445			Mailing Address 4900 LINTON BLVD. DELRAY BCH. FL 33445-0688		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 02/01/1986	
21 Suite, Apt #, etc		26 Suite, Apt #, etc		3a. Date of Last Report 05/01/1996	
22 City & State		27 City & State		4. FEI Number 59-2690987	
23 Zip Country		28 Zip Country		Applied For Not Applicable	
24		25		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
26		27		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
28		29		7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
30		31		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent DEBBIE INGWER 17630 LAKE PARK RD. BOCA RATON FL 33445			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: <i>Debbie Ingwer</i> (NOTE: Registered Agent signature required when reinstating.) DATE: 4/18/97					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE <input type="checkbox"/> DELETE			1.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME D INGWER, DEBBIE			1.2 NAME Ingwer, Debbie		
STREET ADDRESS 17630 LAKE PARK RD			1.3 STREET ADDRESS 3234 ST. ANN'S DRIVE		
CITY-ST-ZIP BOCA RATON FL			1.4 CITY-ST-ZIP Boca Raton, FL 33496		
TITLE <input type="checkbox"/> DELETE			2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME MOSKOWITZ, ALBERT			2.2 NAME		
STREET ADDRESS 11001C LADERA LANE			2.3 STREET ADDRESS		
CITY-ST-ZIP BOCA RATON FL			2.4 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE			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 <input type="checkbox"/> DELETE			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 <input type="checkbox"/> DELETE			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 <input type="checkbox"/> DELETE			6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		
14. I do 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: <i>Debbie Ingwer</i> <i>Debbie Ingwer</i> 4/18/97 561-498-4900 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					

CR2E034 (9/96)