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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M64055

(0)

FILED Jan 29 1998 8:00am Secretary of State

| RABORN & CO., INC. | | | | | |
|-------------------------------------------------|-----------------------------------------------------|--------------------------------|------------------------------------------|--------------------------------------------------------------------------------------------------------------|----------------------------------------------------|
| | | | | | |
| Principal Plac | pe of Business | Mailing Address | | 1 | I OTOTI OTOTI PIETE BIOEF IDAL |
| ATLANTIC PLAZA, SUITE 301 ATLANTIC PLAZA, SUITE | | E 301 | | | |
| | | 777 EAST ATLANTIC AV | | DO NOT WRITE IN THIS | SPACE |
| UELMA? DEA | ON PL 33463 | DELRAY BEACH FL 334 | 63 | 3. Date Incorporated or Qualified | 01702 |
| | | | | 01/08/1988 | |
| 2. Principal Place of Business | | 2a, Mailing Address | | 4. FEI Number | Applied For |
| 21 | | 26 | | 65-0022112 | Not Applicable |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 5. Certificate of Status Desired | \$8.75 Additional |
| City & State | | City & State | | | Fee Required |
| 23 | | 28 | | 6. Election Campaign Financing Trust Fund Contribution | \$5.00 May Be |
| Zip | Country | Zip | Country | 8. This corporation owes or has paid the cu | Added to Fees |
| 24 | 25 | 29 | 30 | Personal Property Tax due June 30. | Yes No |
| | 9. Name and Address of Curren | | | 10. Name and Address of New Registered | |
| RA | BORN, DOUGLAS K. | | 81 Name | | |
| | 7 E. ATLANTIC AVE. | | 82 Street Ad | ddress (P.O. Box Number is Not Acceptable) | |
| AT | LANTIC PLAZA \$TE 301 | | | | |
| DE | LRAY BEACH FL 33483 | | 83 | | |
| | | | 84 City | | 85 Zip Code |
| 44 5 | 1000000 | 1007 (500 Ft) 1 0 | <u> </u> | <u> </u> | - ` |
| office or r | regi stered agent, or b oth, in the State | of Florida. Such change was | authorized by the corpo | orporation submits this statement for the purpose or ration's board of directors. I hereby accept the app | of changing its registered cointment as registered |
| • | ım familiar with, and accopt the obliga | ations of, Section 607.0505, F | lorida Statutes. | , , , | <u>.</u> |
| SIGNATURE | Signature, typed or printed name of registered agen | nt and lifte if applicable (NO | TE Registered Agent signature re- | quired when reinstating) DATE | |
| 12. | OFFICERS AND | | 13. | ADDITIONS/CHANGES TO OFFICERS AN | D DIRECTORS IN 12 |
| TITLE | PST | ☐ DELETE | 1.1 TITLE | | Change Addition |
| NAME | RABORN, DOUGLAS K. | | 1.2 NAME | | |
| STREET ADDRESS | 777 EAST ATLANTIC AVE | | 1.3 STREET ADDRESS | | |
| CITY-ST-ZIP | DELRAY BEACH FL | | 1.4 CITY-ST-ZIP | | |
| TITLE | D | ☐ DELETE | 2.1 TITLE | | Change Addition |
| NAME | RABORN, DOUGLAS K. | | 2.2 NAME | | |
| STREET ADDRESS | 777 EAST ATLANTIC AVE. | | 23 STREET ADDRESS | | |
| CITY-ST-ZIP TITLE | DELRAY BEACH FL | DELETE | 2 4 CITY-S1-ZIP 31 TITLE | | ☐ Change ☐ Addition |
| NAME | | | 3.2 NAME | | C change C Addition |
| STREET ADDRESS | | | 3.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 3.4. CITY - ST - ZIP | | |
| TITLE | | DELETE | 4.1 TITLE | | ☐ Change ☐ Addition |
| NAME | | | 4. 2 NAME | | • |
| STREET ADDRESS | | | 4.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 4.4 CITY - S1 - ZIP | | |
| TITLE | | DELETE | 5.1 TITLE | | Change Addition |
| NAME | | | 5.2 NAME | | |
| STREET ADDRESS | | | | | 1 |
| CITY-ST-ZIP | | | 5.3 STREET ADDRESS | | |
| TITLE | | III priese | 5.4 CITY-ST-ZIP | | |
| | | ☐ DELETE | 5.4 CITY-ST-ZIP 6.1 TITLE | | ☐ Change ☐ Addition |
| NAME | | ☐ DELETE | 5.4 CITY-ST-7IP 6.1 TITLE 6.2 NAME | | Change Addition |
| NAME STREET ADDRESS CITY-ST-ZIP | | ☐ DELETE | 5.4 CITY-ST-ZIP 6.1 TITLE | | Change Addition |

4. 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.

WAT AND TOTTA SHILLING IN 1-21-98 GALTAGE