


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

FILED
Mar 12, 1999 8:00 am
Secretary of State

03-12-1999 90038 007 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # M84371

1. Corporation Name
RAYMOR ENTERPRISES, INC.

Principal Place of Business
2781 WEST BAY DR
SUITE B
BELLEAIR BLUFFS FL 33770
US

Mailing Address
P O BOX 1328
LARGO FL 33779
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 06/08/1988	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-2893309	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

ZIMMERMAN, DON F.
1219 1/2 FLORIDA AVE.
PALM HARBOR FL 34683

10. Name and Address of New Registered Agent

81 Name
LYNDA LIST
82 Street Address (P.O. Box Number is Not Acceptable)
1974 PROMENADE WAY
83
84 City
CLEARWATER FL 85 Zip Code
33760

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

Lynda C. List

(NOTE: Registered Agent signature required when reinstating)

1/18/99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P. <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LIST, KENNETH J.	1.2 NAME	
STREET ADDRESS	1974 PROMENADE WAY	1.3 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL 33760	1.4 CITY-ST-ZIP	
TITLE	S. <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LIST, LYNDA C.	2.2 NAME	
STREET ADDRESS	1974 PROMENADE WAY	2.3 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL 33760	2.4 CITY-ST-ZIP	
TITLE	T. <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LIST, KENNETH J.	3.2 NAME	
STREET ADDRESS	1974 PROMENADE WAY	3.3 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL 33760	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 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, with all other like empowered.

SIGNATURE:

Lynda C. List
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/18/99 727-536-9695
Date Daytime Phone #

CR2E034 (11/98)