FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P19289** **(8)**

1. Corporation Name

RAQUETTE SALES DIVISION INC.

Principal Place of Business

1801 CLINT MOORE ROAD
SUITE 200
BOCA RATON FL 33487-2752

Mailing Address

1801 CLINT MOORE ROAD
SUITE 200
BOCA RATON FL 33487-2752

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 County 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 County 30

3. Date Incorporated or Qualified: **05/18/1988**

3a. Date of Last Report: **04/25/1995**

4. FEI Number: **13-1916461** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

CODRON, EDWARD
4500 N.W. 24TH TERRACE
BOCA RATON FL 33432

10. Name and Address of New Registered Agent

81 Name: Lucille Codron
82 Street Address (P.O. Box Number is Not Acceptable): 4500 N.W. 24 Terrace
83
84 City: Boca Raton FL 85 Zip Code: 33432

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] Lucille Codron 3/22/96
(Typed or Printed Name of Registered Agent) (Date)

12. OFFICERS AND DIRECTORS

TITLE	PTD	☑ DELETE
NAME	CODRON, EDWARD	
STREET ADDRESS	4500 N.W. 24TH TERRACE	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	VSD	☐ DELETE
NAME	CODRON, LUCILLE	
STREET ADDRESS	4500 N.W. 24TH TERRACE	
CITY-ST-ZIP	BOCA RATON FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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		

700001760647
-03/28/96--01029--033
***200.00

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing is true, complete, and 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 above, or on an attachment with an address.

SIGNATURE: [signature] Lucille Codron 3/11/96 (407) 997-7417
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Daytime Phone)