

# FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

APPROVED  
AND  
FILED

95 MAY -1 AM 9:03

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION  
ANNUAL REPORT  
1995



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

DOCUMENT # **P93000057339 (2)**

1. Corporation Name

**RAF TECHNOLOGIES, INC.**

Principal Place of Business

Mailing Address

P.O. BOX 15020  
DAYTONA BEACH FL 32115-1502  
US

PO BOX 15020  
DAYTONA BEACH FL 32115-1502

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/11/1993

3a. Date of Last Report

04/26/1994

4. FEI Number

59-3199650

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

2. Principal Place of Business

2a. Mailing Address

21. State Apt. # etc.

26. State Apt. # etc.

23. City & State

28. City & State

24. Zip Country

29. Zip Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

~~MALKANI, ROBERT B~~  
~~1635 S RIDGEWOOD AVE~~  
~~DAYTONA BEACH FL 32115-1502~~

PLEASE CORRECT  
TO →

THIS IS A SECOND REQUEST

81. Name **CHRISTINE M. POLANS, ESQ.**

82. Street Address (P.O. Box Number is Not Acceptable)

**BUSH, ROSS, GARDNER, WARREN & RUDY, P.A.**

**220 SOUTH FRANKLIN ST.**

84. City **TAMPA**

FL

85. Zip Code **33602**

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 in both 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 consent to, the corporation's filing of Section 607.0505, Florida Statutes.

SIGNATURE

*[Signature]*

4-17-95

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                |                      |
|----------------|----------------------|
| TITLE          | PSVD                 |
| NAME           | MALKANI, ROBERT B    |
| STREET ADDRESS | P.O. BOX 15020 "N/A" |
| CITY, ST, ZIP  | DAYTONA BEACH FL     |
| TITLE          |                      |
| NAME           |                      |
| STREET ADDRESS |                      |
| CITY, ST, ZIP  |                      |
| TITLE          |                      |
| NAME           |                      |
| STREET ADDRESS |                      |
| CITY, ST, ZIP  |                      |
| TITLE          |                      |
| NAME           |                      |
| STREET ADDRESS |                      |
| CITY, ST, ZIP  |                      |
| TITLE          |                      |
| NAME           |                      |
| STREET ADDRESS |                      |
| CITY, ST, ZIP  |                      |

|                    |                                                                   |
|--------------------|-------------------------------------------------------------------|
| 1. TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2. NAME            |                                                                   |
| 3. STREET ADDRESS  |                                                                   |
| 4. CITY, ST, ZIP   |                                                                   |
| 5. TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6. NAME            |                                                                   |
| 7. STREET ADDRESS  |                                                                   |
| 8. CITY, ST, ZIP   |                                                                   |
| 9. TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 10. NAME           |                                                                   |
| 11. STREET ADDRESS |                                                                   |
| 12. CITY, ST, ZIP  |                                                                   |
| 13. TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 14. NAME           |                                                                   |
| 15. STREET ADDRESS |                                                                   |
| 16. CITY, ST, ZIP  |                                                                   |
| 17. TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 18. NAME           |                                                                   |
| 19. STREET ADDRESS |                                                                   |
| 20. CITY, ST, ZIP  |                                                                   |

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(2)(b), 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. I am an officer or director of the corporation or the registered business empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 of Block 13 changed, or on an attachment, with an address.

SIGNATURE:

*[Signature]*  
SIGNATURE AND TITLE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/95

Exhibit 13-000-0