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 # P93000057339 (2)

1. Corporation Name

RAF TECHNOLOGIES, INC.

Principal Place of Business: ~~P.O. BOX 15020 DAYTONA BEACH FL 32115-1502 US~~

Mailing Address: ~~PO BOX 15020 DAYTONA BEACH FL 32115-1502~~

2. Principal Place of Business	2a. Mailing Address
21 P.O. BOX ~~1585~~ 2688	26 P.O. BOX ~~1585~~ 2688
Suite, Apt. #, etc 22	Suite, Apt. #, etc 27
City & State 23 DAYTONA BEACH, FL	City & State 28 DAYTONA BEACH FL
Zip 24 32115 / Country 25 VOLUSIA	Zip 29 32115 / Country 30 VOLUSIA

3. Date Incorporated or Qualified: 08/11/1993
3a. Date of Last Report: 05/01/1995
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

9. Name and Address of Current Registered Agent

POLANS, CHRISTINE M. ESQ.
BUSHM ROSSM GARDNER, WARREN & RUDY, PA
220 SOUTH FRANKLIN STREET
TAMPA FL 33602

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

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] Christine M. Polans 4/10/96 DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PSVD ☐ DELETE	1.1 TITLE	☑ Change ☐ Addition
NAME	MALKANI, ROBERT B	1.2 NAME	MALKANI, ROBERT B
STREET ADDRESS	~~P.O. BOX 15020 N/A~~	1.3 STREET ADDRESS	P.O. BOX 1585 N/A
CITY-ST-ZIP	DAYTONA BEACH FL	1.4 CITY-ST-ZIP	DAYTONA BEACH FL 32115
TITLE	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
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-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	600001825996
STREET ADDRESS		5.3 STREET ADDRESS	-05/17/96--01001--016
CITY-ST-ZIP		5.4 CITY-ST-ZIP	***208.75
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ 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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: [signature] ROBERT MALKANI 4/17/96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)