

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
Feb 25 1997 8:00am
Secretary of State

DOCUMENT # P93000058247 (6)

1. Corporation Name
RABAL ASSOCIATES, INC.



Principal Place of Business
6365 BAHIA DELMAR DR.
APT. 210J
ST. PETERSBURG FL 33715

Mailing Address
PO BOX 58216
ST. PETERSBURG FL 33715
US

3. Date Incorporated or Qualified 08/16/1993	3a. Date of Last Report 03/20/1996
4. FEI Number 23-2049741	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 4963 Bacopa Lane Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 705 City & State	27 City & State
23 St. Petersburg, FL Zip Country	28 Zip Country
24 33715 25	29 30

9. Name and Address of Current Registered Agent

KATZ, ALLEN S
6365 BAHIA DELMAR DR.
APT. 210J
ST. PETERSBURG FL 33715

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable) 4963 Bacopa Lane
83 #705
84 City St. Petersburg FL 85 Zip Code 33715

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 of Registered Agent and Fee if applicable

(NOTE: Registered Agent signature required when reinstating)

2/20/97

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D ☐ DELETE	1.1 TITLE	☒ Change ☐ Addition
NAME	KATZ, ALLEN S	1.2 NAME	
STREET ADDRESS	6365 BAHIA DELMAR DR., APT. 210J	1.3 STREET ADDRESS	4963 Bacopa Lane, #705
CITY-ST-ZIP	ST. PETERSBURG FL 33715	1.4 CITY-ST-ZIP	St. Petersburg, FL 33715
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	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
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 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 officer 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 in an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/20/97

800.401-3115

Date

Daytime Phone #

0624075

CR2E034 (9/96)