FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

APPROVED AND FILED
95 MAY -1 PM 2:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000064679 (2)

1. Corporate Name

RABE INVESTMENTS, INC.

Principal Place of Business: P.O BOX 2484, FORT MYERS BEACH FL 33932

Mailing Address: P.O BOX 2484, FORT MYERS BEACH FL 33932

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/16/1993

3a. Date of Last Report: 05/01/1994

4. FEI Number: 65-0464933 [ ] 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 [X] Yes [ ] No

2. Principal Office Address; 2a. Mailing Address; Suite, Apt. # etc.; City & State; Zip; Country: (blank)

9. Name and Address of Current Registered Agent

SHENKO, WILLIAM E JR
6100 ESTERO BLVD.
FT. MYERS BEACH FL 33931

10. Name and Address of New Registered Agent

Name:
Street Address (P.O. Box Number is Not Acceptable):
City: FL 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

12. OFFICERS AND DIRECTORS

TITLE	DP
NAME	RASH, D G
STREET ADDRESS	2200 MAIN ST.
CITY-ST-ZIP	FT MYERS BEACH FL 33931
TITLE	S
NAME	GRIDLEY, DOROTHY
STREET ADDRESS	15490 COPRA LN
CITY-ST-ZIP	FT MYERS FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12: [ ] Change [ ] Addition (blank)

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, 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)* 4/13/95 813-466-4139

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

DAVID G. RASH

0334376 CP