

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 # P93000064679 (2)

1. Corporation 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

2. Principal Place of Business

2a. Mailing Address

21 21054 St. Peters Dr.

26 21054 St. Peters Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Ft. Myers Beach

27 Ft. Myers Beach

City & State

City & State

23 Ft. Myers Beach, FL.

28 Ft. Myers Beach, FL.

Zip

Country

Zip

Country

24 33931

25 Lee

29 33931

30 Lee

3. Date Incorporated or Qualified

09/16/1993

3a. Date of Last Report

05/01/1995

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

☒ Yes

☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DP ~~PRESIDENT~~ ☐ DELETE
NAME RASH, D G
STREET ADDRESS 2200 MAIN ST.
CITY-ST-ZIP FT MYERS BEACH FL 33931

1.1 TITLE VP ~~PRESIDENT~~ ☐ Change ☒ Addition
1.2 NAME Elizabeth A. Rash
1.3 STREET ADDRESS 21054 St. Peters Dr.
1.4 CITY-ST-ZIP Ft. Myers Beach FL. 33931

TITLE SECRETARY ☐ DELETE
NAME GRIDLEY, DOROTHY
STREET ADDRESS 15490 COPRA LN
CITY-ST-ZIP FT MYERS FL

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/96 941-463-5085
Date Daytime Phone

CR2E034 (12/95)