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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9400007277

FILED Feb 10, 1999 8:00am **Secretary of State**

02-10-1999 90044 029 ***150.00

rags ei	nterprises, inc.	,				
Principal Place	e of Business	Mailing Address			inin immen stætt camer camer	
6465 NW 75TH WAY 646		6465 NW 75TH WAY PARKLAND FL 33067		DO NOT WRITE IN THIS S	SPACE	
				3. Date Incorporated or Qualifed		l
				01/28/1994		l
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number	Applied For	5
21		26		65-0486161	Not Applicable	· .
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certifcate of Status Desired	\$8.75 Additional Fee Required	
City & Stat	e	City & State		6. Election Campaign Financing	\$5.00 May Be	l
23		28		Trust Fund Contribution	Added to Fees	ł
Zip	Country	Zip	Country	8. This corporation owes the current year Intal		l
24	25		30	T Cladital Floporty Tox.	Yes □No	ļ
	9. Name and Address of Curre	nt Registered Agent		10. Name and Address of New Registered A	(gent	ł
CAN	IZIO, THOMAS A		81 Name			
	NW 75TH WAY		82 Street Add	Iress (P.O. Box Number is Not Acceptable)		
PAR	KLAND FL 33067		83		Carrier Services	
			84 City		85 Zip Code	
				<u>FL</u>		
44 Pursuant	to the provisions of Sections 607.050	02 and 607.1508, Florida Statute	es, the above-named corp	poration submits this statement for the purpose of c	hanging its registered	
11. Pursuant office or r agent. I a SIGNATURE	registered agent, or both, in the State im familiar with, and accept the obliga	a of Florida. Such change was at ations of, Section 607.0505, Flor	ida Statutes.	poration submits this statement for the purpose of clion's board of directors. I hereby accept the appoint ad when reinstating) DATE	hanging its registered tment as registered	
office or r agent. I a SIGNATURE	registered agent, or both, in the State im familiar with, and accept the obligation Signature, typed or printed name of registered age	a of Florida. Such change was at ations of, Section 607.0505, Flor	es, the above-named corporation of the corporation	ed when reinstating) DATE	inient as registered	(86)
office or r agent. I a	registered agent, or both, in the State im familiar with, and accept the obligation Signature, typed or printed name of registered age	ent and title if applicable. (NOTE:	Infonzed by the corporation ida Statutes. Registered Agent signature require	ion's board of directors. Thereby accept the appoint	inient as registered	(11/08)
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14. I 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 of 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, with all other like empowered.

SIGNATURE: