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**

DOCUMENT # P94000035592 (2)

RAYACK, INC.

FILED May 01 1997 8:00am Secretary of State



rincipai riact	e or business	Maining Address		•	1		
11078 BLUFF BOCA RATON US		11078 BLUE CORAL DR BOCA RATON FL 33499-4902 US					
03		00			3. Date Incorporated or Qualified 05/06/1994	3a. Date of 1	
2. Principal Pl	lace of Business	2a. Mailing Address			4. FEI Number 65-0489742		Applied For
21] 110 (8 Suite, Apt	Blue Coral Dr.	26 Suite, Apt. #, etc.			00-0408142		Not Applicable
22]	#, etC	27			5. Certificate of Status Desired		.75 Additional See Required
City & State	e _	City & State		,	6. Election Campaign Financing	\$1	5.00 May Be
23 BOCO	L Ratou, FL	28			Trust Fund Contribution		dded to Fees
Zip	Country	Zip	Countr	у	8. This corporation has liability for it	ntangible tax ur	nder s. 199,032.
24 334	98 ₂₅ u.S.	29	30			Yes 🔲 No	
	9. Name and Address of Curren	it Registered Agent			10. Name and Address of New Re-	gistered Agent	
ASA	ARCH, STEVEN J		81	Name			
	7 GLADES RD.		82	Stront Ad-	rees (P.O. Boy Number is Not Assessed	lo)	
SUITE 200				82 Street Address (P.O. Box Number is Not Acceptable)			
	CA RATON FL 33434		63			<u> </u>	
			84	City		FL 85	Zip Code
	to the provisions of Sections 607,050 egistered agent, or both, in the State rm familiar with, and accept the obligi	iz and 607.1508, Florida Stat of Florida. Such change wa ations of, Section 607.0505,	tutes, the above is authorized b Florida Statute	re-named corpora by the corpora ss.	poration submits this statement for the p tion's board of directors. I hereby accep	urpose of chan If the appointment	jing its registered int as registered
SIGNATURE	Signar ire typed or printed name of registered age	nt and title if applicable. (N	IOTE Registered Ac	eni signature requi	ired when reinstaling)	DATE	
12.	OFFICERS AN		I 13.		ADDITIONS/CHANGES TO OFFIC		CTORS IN 12
TITLE	D	DELETE	1.1 TITLE			☐ CI	
NAME	RAYA, GREG		1.2 NAME				
STREET ADORESS	21311 SWEETWATER LN N			T ADDRESS			
CITY ST ZIP	BOCA RATON FL 33428		1.4 CITY-	ľ			
TITLE	D	DELETE	2.1 TITLE	31.41		C	nange 🔲 Addition
NAME	POLLACK, GERRY	<u> </u>	2.2 NAME			<u></u>	- L3 (100.00)
	11078 BLUE CORAL DR						
STREET ADDRESS	BOCA RATON FL			T ADDRESS			
CITY-ST-ZIP	DOON INTOIT FE	DELETE	2 4 CITY			C	nange Addition
TITLE		L. DECEIL	31 TITLE	- 1		السا لا	MILITE E ADURIOR
NAME			3.2 NAME	i			
STREEL ADDRESS				T ADDRESS			
CITY-SI-ZIP		77 KF, 244	3.4. CITY			——————————————————————————————————————	
TifeE		DELETE	4.1 TITLE			<u> </u>	hange [_] Addition
NAME			4. 2 NAM	:			
STREET ADDRESS			4.3 STREE	T ADDRESS			
CITY-ST ZIP			4.4 CITY-	ST-ZIP			
THLE		☐ DELETE	5.1 TITLE				nange 🔲 Addition
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREE	T ADDRESS			
CiTY+S*-ZIP			5.4 CITY-				
TITLE		☐ DELETE	6.1 TITLE			c	hange L Addition
NAME			6.2 NAME		•		, _ ,,,
STREET ADDRESS				T ADDRESS			
SIMILL ADUMESS			6.3 STHER				
COV.SL.ND			■ 6.4 ごば∀	ET NU I			

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 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.