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

CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P94000041089 (1) **DOCUMENT #**

	Principal Place of Business	Mailing Addr
	17261 LAKE PARK ROAD	17261 LAKE
i	BOCA RATON FL 33487	BOCA RATO

FILED Feb 23 1998 8:00am Secretary of State

RONNIE RAHE ENTERPRISES INC. PARK ROAD N FL 33487 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified <u>05/31/1994</u> 2. Principal Place of Business 2a. Mailing Address 4. FEL Number Applied For 21 Not Applicable 65-0499809 Suite, Apt. #. etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 Trust Fund Contribution Added to Fees Country Ζip 8. This corporation owes or has paid the current year Intangible 24 25 30 Personal Property Tax due June 30. ☐ Yes 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name BERMAN, PHILIP M **BERMAN & FELDMAN** Street Address (P.O. Box Number is Not Acceptable) 82 2424 N.E. 22ND STREET 83 POMPANO BEACH FL 33062 84 City 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELFTE Addition TITLE PVD 1.1 TITLE Change RAHE, RONALD 1.2 NAME NAME 17261 LAKE PARK ROAD STREET ADDRESS 1.3 STREET ADDRESS **BOCA RATON FL 33487** CITY - ST - ZIP 1.4 CITY-SI-ZIP DELETE Addition 21 TITLE TITLE ST RAHE, RONALD 22 NAME NAME 17261 LAKE PARK ROAD 2.3 STREET ADDRESS STREET ADDRESS **BOCA RATON FL 33487** CITY-ST-ZIP 2. 4 CITY - ST- ZIP DELETE Change Addition TITLE 3.1 TITLE 3 2 NAME NAME 3 3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 34. CITY-ST-ZIP DELFTE Change Addition TITLE 41 TITLE 4. 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 52 NAME STREET ADDRESS **53 STREET ADDRESS** CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change Addition TITLE 6.1 TITLE NAME 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

14. Thereby certify that the information supplied with this thing 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 proporation or the receiver or writes the empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if chapted, or on an attachment with an address.

SIGNATURE:

5615411120