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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000045678 (7)

R.A.V. SUPPLY, INC.

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

3MAN

FILED Feb 18 1998 8:00am Secretary of State

n.A.v.	SUPPLI, INC.				
Principal Plac	ce of Business	Mailing Address			
· ·		•			
1445 NORTH CONGRESS AVENUE SUITE 8 DELRAY BEACH FL 33445 1445 NORTH CONGRESS AVENU SUITE 8 DELRAY BEACH FL 33445				DO NOT WRITE IN	THIS SPACE
US	OH 12 0040	US		3. Date Incorporated or Qualified	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
L				06/14/1994	
	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21 1445	N. Congress Ave	26 SAM	1E	65-0563446	Not Applicable
Suite, Apt.	SUITE #8	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & Stat	LAY BCH, FL	City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 24 334L			Country 30	This corporation owes or has paid to Personal Property Tax due June 30	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
	N VALKENBURG, REX A		81 Name Re	ex A Van Valker	nburg
3915 DUNCAN DRIVE BOCA RATON FL 33434			82 Street Addr	ess (P.O. Box Number is Not Acceptable)	
			83 3031	CORMORANT RD)
			84 City De	ray Beach	FL 85 Zip Code 33444
I office of r	egistered agont, or both, in the State of	riorida. Such change was a	uthorized by the corporati	oration submits this statement for the purp on's board of directors. I hereby accept the	one of changing its registered
agent. i a	m familiar with, and accept the obligation	ons of, Section 607.0505, Flo	rida Statutes.	•	2/13/98
SIGNATURE	Signature, typed or printed name of registered agent a	and title if applicable (NOTE	. Registered Agent signature require	d when reinstating)	02/13/70
12.	OFFICERS AND I		13.	ADDITIONS/CHANGES TO OFFICER	S AND DIRECTORS IN 12
TITLE	D	☐ DELETE	1.1 TITLE		Change Addition
NAME	VAN VALKENBURG, REX A		1.2 NAME		
STREET ADDRESS	1445 N CONGRESS AVE		1.3 STREET ADDRESS		
CITY-ST-ZIP	DELRAY BCH FL		1.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	2.1 TITLE		Change Addition
NAME	VAN VALKENBURG, KATHY J		2.2 NAME		
STREET ADDRESS	1445 N CONGRESS AVE		2.3 STREET ADDRESS	,	
CITY-ST-ZIP TITLE	DELRAY BCH FL	DELETE	2.4 CITY-ST-ZIP 3.1 TITLE		
NAME		C OFFICIE			☐ Change ☐ Addition
STREET ADDRESS			3.2 NAME		
			3.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		DELETE	3.4. City-St-ZiP 4.1 Title		Change Addition
NAME		- Decem	4. 2 NAME		C change C Addition
STREET ADDRESS			1		
CITY-ST-ZIP			4.3 STREET ADDRESS 4.4 CITY-ST-ZIP		
TITLE		DELETE	5.1 TITLE		Change Addition
NAME			52 NAME		E CHANGE E MOUNT
STREET ADDRESS			5.3 STREET ADDRESS		

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 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 3 if changes, or on an attachment with an address.

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

DELETE

2/1/98 51/-771-77

___ Change

___ Addition