

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

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May 01 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P94000050955 (1)

1. Corporation Name

RAYBAR ENTERPRISES, INC.



Principal Place of Business 6199 N.W. 24TH ST. BOCA RATON FL 33434	Mailing Address 6199 N.W. 24TH ST. BOCA RATON FL 33434-4314
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3. Date Incorporated or Qualified 07/11/1994	3a. Date of Last Report 04/30/1996
4. FEI Number <del>XXXXXXXXXX</del> 65-050361	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 259 GOOLSBY BLVD Suite, Apt. #, etc. 22 DEERFIELD BEACH City & State 23 FL Zip 24 33442	2a. Mailing Address 26 259 GOOLSBY BLVD Suite, Apt. #, etc. 27 DEERFIELD BEACH City & State 28 FL Zip 29 33442	Country 30 BROWARD
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9. Name and Address of Current Registered Agent DEEKEN, RAYMOND J 6199 N.W. 24TH ST. BOCA RATON FL 33434	10. Name and Address of New Registered Agent 81 Name BARBARA ORR 82 Street Address (P.O. Box Number is Not Acceptable) 259 GOOLSBY BLVD 83 DEERFIELD BEACH 84 City 85 Zip Code FL 33442
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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 *Barbara Orr*

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

(NOTE: Registered Agent signature required when reinstating)

DATE 4/24/97

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PVD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ORR, BARBARA J	1.2 NAME	
STREET ADDRESS	6199 N.W. 24TH ST.	1.3 STREET ADDRESS	
CITY - ST - ZIP	BOCA RATON FL 33434	1.4 CITY - ST - ZIP	
TITLE	STD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEEKEN, RAYMOND J	2.2 NAME	
STREET ADDRESS	6199 N.W. 24TH ST.	2.3 STREET ADDRESS	
CITY - ST - ZIP	BOCA RATON FL 33434	2.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

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.

SIGNATURE: *Barbara Orr* *Barbara Orr* *fre* 4/24/97 954-427-6754  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #