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FILED Mar 04 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # P94000073661 (8) RAEL, INC. Principal Place of Business Mailing Address 7765 KENWAY PLACE WEST 7765 KENWAY PLACE WEST **BOCA RATON FL 33433 BOCA RATON FL 33433** DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 10/03/1994 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 21771 Town Place DA 21771 65-0530225 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8,75 Additional O 5. Certificate of Status Desired Fee Required & State RATON City & State 6. Election Campaign Financing \$5.00 May Be BOCA Trust Fund Contribution Added to Fees Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes 25 9. Name and Address of Current Registe 10, Name and Address of New Registered Agent 81 Name MARKELL, LAWRENCE J 7280 W PALMETTO PARK **B2** Street Address (P.O. Box Number is Not Acceptable) SUITE 202-N 83 **BOCA RATON FL 33433** City 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 Signature, typed or ponied name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstalling OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE Addition TITLE 1.1 TITLE Change SILVERMAN, ELLEN G 1.2 NAME same NAME 21771 TOWN PLACE DR. 7765 KENWAY PLACE WEST 1.3 STREET ADDRESS STREET ADDRESS BOCA KATON, FL. 33433 **BOCA RATON FL 33433** CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 21 TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE ☐ Addition TITLE 3.1 TITLE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP TITLE DELETE 4.1 TITLE Change Addition NAME 4 2 NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Addition Change TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS **5.3 STREET ADDRESS** CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE 61 TITLE Addition TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

561 368 1771

14. Thereby certify that the information supplied with this filling 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 attactoment with an address.