

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000077893 (3)

1. Corporation Name

RABAH, INC.



Principal Place of Business

4 NORTH MAIN STREET
ALACHUA FL 32615

Mailing Address

P.O. BOX 1192
ALACHUA FL

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

29

30

9. Name and Address of Current Registered Agent

CLAYTON, MARILYN
4423 NW 202 STREET
NEWBERRY FL 32669

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

1014 N. W. 57th Street

83.

84. City
Gainesville,

FL

85. Zip Code

32605

11. Pursuant to the provisions of Sections 607.0502 and 607.1503, 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

Marilyn Clayton

Marilyn Clayton

2/9/96

12. OFFICERS AND DIRECTORS

1. TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

PTS
CLAYTON, MARILYN
4423 NW 202 STREET
NEWBERRY FL 32669

DELETE

2. TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

DELETE

3. TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

DELETE

4. TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

DELETE

5. TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

DELETE

6. TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE

2. NAME

3. STREET ADDRESS

4. CITY-ST-ZIP

5. TITLE

6. NAME

7. STREET ADDRESS

8. CITY-ST-ZIP

9. TITLE

10. NAME

11. STREET ADDRESS

12. CITY-ST-ZIP

13. TITLE

14. NAME

15. STREET ADDRESS

16. CITY-ST-ZIP

17. TITLE

18. NAME

19. STREET ADDRESS

20. CITY-ST-ZIP

21. TITLE

22. NAME

23. STREET ADDRESS

24. CITY-ST-ZIP

Change Addition

Change Addition

Change Addition

Change Addition

Change Addition

Change Addition

Change Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 a shareholder or trustee or partner or partner in power 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:

Marilyn Clayton

Marilyn Clayton, President 2/9/96

352-332-8333

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)