

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

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|--------------------------------------|---|---|
| CORPORATION<br>ANNUAL REPORT<br>1995 |  | FLORIDA DEPARTMENT OF STATE<br>Sandra B. Morham<br>Secretary of State<br>DIVISION OF CORPORATIONS |
|--------------------------------------|---|---|

**DOCUMENT # P94000090010 (7)**  
 1. Corporation Name  
**RORABAUGH INVESTMENTS, INC.**

|  |  |
|--|--|
| Principal Place of Business<br>1060 S. STATE RD. 7<br>HOLLYWOOD FL 33023 | Mailing Address<br>1060 S. STATE RD. 7<br>HOLLYWOOD FL 33023 |
|--|--|

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 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

|                                |                     |                     |                     |  |                                |
|--------------------------------|---------------------|---------------------|---------------------|--|--------------------------------|
| 2. Principal Place of Business |                     | 2a. Mailing Address |                     | 3. Date Incorporated or Qualified<br>12/12/1994  | 3a. Date of Last Report        |
| 21                             | Suite, Apt. #, etc. | 26                  | Suite, Apt. #, etc. | 4. FEI Number<br>65-0541054  | Applied For<br>Not Applicable  |
| 22                             | City & State        | 27                  | City & State        | 5. Certificate of Status Desired <input type="checkbox"/>  | \$8.75 Additional Fee Required |
| 23                             | Zip                 | 28                  | Country             | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>  | \$5.00 May Be Added to Fees    |
| 24                             | Country             | 29                  | Country             | 8. This corporation has liability for intangible tax under S. 109.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No |                                |

|   |  |  |  |  |  |    |    |
|---|--|--|--|--|--|----|----|
| 9. Name and Address of Current Registered Agent                   |  |  |  | 10. Name and Address of New Registered Agent |  |    |    |
| RORABAUGH, KENNETH P<br>1060 S. STATE RD. 7<br>HOLLYWOOD FL 33023 |  |  |  | 81   | Name   |    |    |
|   |  |  |  | 82   | Street Address (P.O. Box Number is Not Acceptable) |    |    |
|   |  |  |  | 83   |  |    |    |
|   |  |  |  | 84   | City   | FL | 85 |

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)

| 12. OFFICERS AND DIRECTORS |                     | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |   |
|----------------------------|---------------------|---|---|
| TITLE                      | D                   | 1.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | RORABAUGH, KENNETH  | 1.2 NAME  |   |
| STREET ADDRESS             | 1060 S. STATE RD. 7 | 1.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | HOLLYWOOD FL 33023  | 1.4 CITY-ST-ZIP                                       |   |
| TITLE                      |                     | 2.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                     | 2.2 NAME  |   |
| STREET ADDRESS             |                     | 2.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                |                     | 2.4 CITY-ST-ZIP                                       |   |
| TITLE                      |                     | 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                      |                     | 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                      |                     | 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                      |                     | 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 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 my name appears in Block 12 or Block 13, if changed, or on an attachment with an address.

SIGNATURE Kenneth Rorabaugh 1/23/95 305-963-3882  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE (Typed Name)