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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

FILED

Jun 10 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9500000420 (6)

RAYMARK DEVELOPMENT, INC.

·														
Principal Place of Business Mailing Address									1 LOG 14 DO 1 A10 10			, 3 111 E1810 110 1		
\$680 18T AVENUE PO BOX 5881 UNIT C KEY WEST FL 33045-5881 KEY WEST FL 33040														
									3. Date Incorporated or Qualified 01/03/1995 3a. Date of Last Report 05/01/1996				Report	
2. Principal P	lace of Busin	1088	2a.	2a. Mailing Address				4	4. FEI Number			Ar	pplied For	
21				26					65-05542	05		No	ot Applicable	
Sulte, Apt. #, etc.				Suite, Apt. #, etc.					5. Certificate of	Status Desired			Additional equired	
City & State				City & State					6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution ☐ Added to Fees					
Zip	Zip Country			Zip Cou			ntry 8.		8. This corporat	ion has liability for i	ntangible	tax under s	s. 199.032,	
24 25			29					Florida Statutes Yes No						
g. Name and Address of Current Registered Agent							10. Name and Address of New Reg				gistered A	rgent .		
MILLS, PAUL S						81 Name								
3709 DONALD AVE KEY WEST FL 33040						82	Street A	Address	dress (P.O. Box Number is Not Acceptable)					
1121	******					83								
						84	City				FL	85 Zip	Code	
office or r	egistered ag	ent, or both, in the St	ate of Florid	07.1508, Florida Statut da. Such change was , Section 607.0505, Fl	authorize	d by	the core	d corporat rporation's	tion submits this s board of direct	statement for the poors. I hereby accept	urpose of of the appo	changing i pintment as	ts registered registered	
SIGNATURE														
	Signature, typed	or printed name of registered				o Age	ul signatum	in required wh	ice reinstaling)		DAIL			
12.	PTSD	OFFICERS	AND DIREC	DELETE	13.		γ	- _Y	ADDITIONS/CI	HANGES TO OFFIC				
ALLA CALIALISM ALLBOY											1	Change	☐ Addition	
6766 AL BAGGETTE BLAD-001111				1.2 NAME				1 2-	0.11 501	BI N/	20.			
1/F3/ 1/15AT. #1_AAAAA							ADDHESS	10	BOX 581	20 - 4 5	~		Ĭ	
CITY-ST-ZIP	TET TIES	1 FL 33040 -		☐ DELE1E	1.4 C 2.1 T		T-7IP	K-EY	WEST,	L 33045		Change	☐ Addition	
TITLE												L_1 Change	ABUILION	
NAME					22 N									
STREET ADDRESS						ADDRESS	ļ							
CITY-ST-ZIP TITLE				DELETE	317	_	SI - 7IP	 				Change	Addition	
NAME					321							c.i.a.igo		
STREET ADDRESS					1		ADDRESS							
CITY-ST-ZIP				3.4 C										
TITLE				DELFTE	4,1 1		31-21r	ļ				Change	Addition	
NAME	ı			•••	- 1	NAME	Ì							
STREET ADDRESS							ADDRESS							
CITY-ST-ZIP							1 - 7IP							
TITLE				DELETE	517			1				Change	Addition	
NAME					5.2 N		Ì	1				-		
STREET ADDRESS							ADDRESS						Ì	
CITY-ST-ZIP							1 - 7IP							
TITLE				DEFETE	6.1 T			 -				Change	Addition	
NAME					621	AME								
STREET ADDRESS					6.3 S1RE									
					1			1						

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 ennual 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 cooperation 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 chapter 607, and an analysis of the property of the cooperation of the coo