

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P95000005069 (6)**

1. Corporation Name

RAE ENTERPRISES OF COLLIER COUNTY, INC.



Principal Place of Business

5294 10TH AVE SW
NAPLES FL 33999

Mailing Address

5294 10TH AVE SW
NAPLES FL 33999

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

29 Zip 30 Country

3. Date Incorporated or Qualified
01/19/1995

3a. Date of Last Report

4. FEI Number

62-0545201

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

RAE, DAVID C
5294 10TH AVE SW
NAPLES FL 33999

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

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 printed name of registered agent, if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1. TITLE	2. NAME
	D RAE, DAVID C 5294 10TH AVE SW NAPLES FL 33999	<input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	1. TITLE	2. NAME
STREET ADDRESS	STREET ADDRESS	1.3 STREET ADDRESS	2.1 TITLE
CITY-ST-ZIP	CITY-ST-ZIP	1.4 CITY-ST-ZIP	2.2 NAME
			2.3 STREET ADDRESS
TITLE	NAME	2.4 CITY-ST-ZIP	2.4 CITY-ST-ZIP
STREET ADDRESS	STREET ADDRESS	3.1 TITLE	3.2 NAME
CITY-ST-ZIP	CITY-ST-ZIP	3.3 STREET ADDRESS	3.3 STREET ADDRESS
		3.4 CITY-ST-ZIP	3.4 CITY-ST-ZIP
TITLE	NAME	4.1 TITLE	4.2 NAME
STREET ADDRESS	STREET ADDRESS	4.3 STREET ADDRESS	4.3 STREET ADDRESS
CITY-ST-ZIP	CITY-ST-ZIP	4.4 CITY-ST-ZIP	4.4 CITY-ST-ZIP
TITLE	NAME	5.1 TITLE	5.2 NAME
STREET ADDRESS	STREET ADDRESS	5.3 STREET ADDRESS	5.3 STREET ADDRESS
CITY-ST-ZIP	CITY-ST-ZIP	5.4 CITY-ST-ZIP	5.4 CITY-ST-ZIP
TITLE	NAME	6.1 TITLE	6.2 NAME
STREET ADDRESS	STREET ADDRESS	6.3 STREET ADDRESS	6.3 STREET ADDRESS
CITY-ST-ZIP	CITY-ST-ZIP	6.4 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

23 April '96

591-643-3535
Date of Filing

CR2E034 (12/95)