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

PROFIT CORPORATION ANNUAL REPORT: 1



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 DOCUMENT # P95000007512

RAGING SUN INC.

FILED Jan 28, 1999 8:00am **Secretary of State**

01-28-1999 90009 019 ***150.00



· · · · · · · · · · · · · · · · · · ·					
Principal Place of Business N	ailing Address	•			
	575 US HWY ONE				
SUITE 212		DO NOT WRITE IN THIS SPACE			
N PALM BEACH FL 33408 N	PALM BEACH FL 33408	•	3. Date Incorporated or Qualifed	11 11 113 1	
			01/27/1995		}
	Marillan Addross		4. FEI Number	Applied For	٠,
2. 1.11100001	, Mailing Address		65-0550217	Not Applicab	le .
27 16 5 15 hut the 26	Suite, Apt. #, etc.			\$8.75 Additional	2
Suite, App #, etc.	Buile, Apr. #, olo.		5. Certifcate of Status Desired	Fee Required	
$\frac{27}{2}$	City & State		6. Election Campaign Financing	\$5.00 May Be	
City & Soft 120 But 1 3340) 28)		Trust Fund Contribution	Added to Fees	_
23 1 1001 1200	Zip . C	country	8. This corporation owes the current year	Intangible	Į
~ <u> </u>	30		Personal Property Tax.	☐ Yes ☐ No	_
24 25 29 9. Name and Address of Current Reg			10. Name and Address of New Register	red Agent	\dashv
g. Hame and Address (C. A. P. C.		81 Name			-
KLIMEZKY, KIM		82 Street Add	ress (P.O. Box Number is Not Acceptable)		\Box
1575 US HWY ONE		on our rise			3
SUITE 212		83			1
N PALM BEACH FL 33408		84 City	*	25 Zip Code	,
11. Pursuant to the provisions of Sections 607.0502 and				<u>-L.</u>	
office or registered agent, or both, in the State of Flo agent, I am, familiar with, and accept the obligations SIGNATURE Signature, typed or printed name of registered agent and the	le if applicable (NOTE: Registe	ered Agent signature requin	ADDITIONS/CHANGES TO OFFICERS		
12. SOFFICERS AND DI	RECTORS: 1 1				2
14.		13.		Change Add	2 tition
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14. I 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 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 by an attachment with an address, with all other like empowered.

SIGNATURE: