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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Secretary of State

DOCUMENT # P95000020817 (9) 1. Corporation Name R.A.C. SERVICES, INC.									
Principal Place of Business Mailing Address 12973 CALAIS CIRCLE 12973 CALAIS CIRCLE									
12973 CALAIS PALM BEACH (CARCLE Gardens FL 33410		ais chole Ch gardens f	L 33410-142	Ħ				
						3. Date Incorporated or Qualifie 03/14/1995		ate of Last R /30/1996	eport
	ace of Business	2a. Mailing	Address			4. FEI Number 65-0564869			oplied For of Applicable
Suite, Apt	#, etc	26] Suite, A	Apt. #, etc.	··········					Additional
22	وسيرف والمستورية والمستورين والمستورية والمستورية والمرووية والمستور والمستور والمستور	27				5. Certificate of Status Desired	<u></u>		aquired
City & State	;	City & S	State			 Election Campaign Financing Trust Fund Contribution 		\$5.00	May Be to Fees
23) Zip	Country	28 Zip	·····	Count	У	8. This corporation has liability			
24]	25	29		30	·	Florida Statutes	Yes Yes	□No	
D00	9. Name and Address of Curre	ent Registered A	gent	8	Name	10. Name and Address of New	Registered	Agent	
	NER, MICHAEL J 5 PALM BEACH LAKES BLVD.						 		
	E 1000			8:	Street Add	lress (P.O. Box Number is Not Accep	itable)		
W P	ALM BEACH FL 33401			В	3				
				8	City		FI	85 Zip	Code
11. Pursuant t	to the provisions of Sections 607.05	502 and 607.1508	Florida Statute	es, the abo	ve-named cor	poration submits this statement for th		of changing it	ts registered
office or re	egistered agent, or both, in the Sta	to of Florida, Such							
	m familiar with, and accept the obli	igations of Section	i change was a n 607.0505, Fid	authorized to orida Statut	by the corpora es.	poration submits this statement for thation's board of directors. I hereby ac	cept the ap	poin1ment as	registered
SIGNATURE	Supparture, typed or prested name of registered a	agent and tale if applicati				ured when reinstaling)	DATE		
SIGNATURE	Supparture, typed or prested name of registered a		e (NOTI	E Registered A	Los surlanges Inequ		DATE	D DIRECTOR	
SIGNATURE 12.	Superium typed or period name of registered a OFFICERS A	agent and tale if applicati		E Registered A 13. 1.1 TITLE	Lost stulistics in the	ured when reinstaling)	DATE		IS IN 12
SIGNATURE 12. TILE NAME	Supparture, typed or prested name of registered a	agent and tale if applicati	e (NOTI	13. 1.1 TITLE	Lost stulistics in the	ured when reinstaling)	DATE	D DIRECTOR	IS IN 12
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