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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000028098 (8)

RASN UNITED INC.

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

SIGNATURE:

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Zip

Principal Place of Business Mailing Address
1545 W. LANTANA ROAD 100 BANYAN LA
LANTANA FL 33462 ROYAL PALM B

Country

Parikh, shrikant k 100 banyan lane

9. Name and Address of Current Registered Agent

100 BANYAN LANE ROYAL PALM BCH FL 33411 US

2a. Mailing Address

City & State

Zip

Suite, Apt. #, etc.

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FILED Jan 27 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE

8. This corporation owes or has paid the current year Intangible

Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

Yes Yes

Not Applicable

 Date Incorporated or Qualified 04/10/1995

65-0565865

5. Certificate of Status Desired

6. Election Campaign Financing

Personal Property Tax due June 30.

10. Name and Address of New Registered Agent

8612111

Trust Fund Contribution

4. FEI Number

DOVAL DAIM DEACH EL COMMA					treet Address	s (P.O. Box Nu	mber is Not Acce	ptable)		
ROYAL PALM BEACH FL 33411		8	2							
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			8		City			FL	.	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 and title if appli		Registered A	gent sig	gnature required w	vhen reinstating)		DATE		
12.	OFFICERS AND DIRECTOR	<u>-</u>	13.			ADDITIONS	CHANGES TO O	FFICERS AND		RS IN 12
TITLE	D	☐ DELETE	1.1 TITLE		ŀ				☐ Change	Addition
NAME	Parikh, shrikant k		1.2 NAME	E						
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CITY-ST-ZIP	ROYAL PALM BEACH FL 33411		1.4 CITY-	- ST- ZIF	P					ĺ
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STREET ADDRESS			6.3 STREE	T ADDR	RESS					
CITY - ST - ZIP			6.4 CITY-							
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 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 of 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 attention and the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver of the corporation of the receiver of										

Country

81 Name

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