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

Mailing Address

2140 10TH AVE VERO BEACH FL 32960-5377

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000044808 (0)

RAFF ENTERPRISES, INC.

Principal Place of Business

2140 10TH AVE VERO BEACH FL 32960

2. Principa: Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21	26		65-0593293	Not Applicable
Suite, Apt. #, clc. 22	Suite, Apt #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
C ty & State	City & State		6. Election Campaign Financing	\$5.00 May Be
23	28		Trust Fund Contribution	Added to Fees
Zip Country	Zip	Country	8. This corporation has liability for intang	
24 25	29	30	Florida Statutes	S 🔼 No
9. Name and Address of Curren	t Registered Agent		10. Name and Address of New Registe	red Agent
COX, CYNTHIAL 1432 21ST-8T		81 Name RAFI	STEPHEN T	
SUITEA			ess (P.O. Box Number is Not Acceptable)	
VERO BEACH FL 32980		83	MACHEUM SOLVE	
7 02.10.1 12.02.00			<del></del>	
		84 City	O BEACH	El 85 Zip Code
11 Pursuant to the provisions of Sections 607.050	2 and 607 1509. Florida Statute			se of changing its registered
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. I am fair fair fair fair fair fair fair fair				
agent I am fam a Whi, and accept the obilo	tions of section 60 0505, Ho	orida Statutes		2420197
SIGNATURE PLANTS	> 1 47	E. Registered Agent signature requir	red when reinstating) DA	75 201 1
Special figure of enrollnance of recommandings  12. OFFICERS ANI		13.	ADDITIONS/CHANGES TO OFFICERS	
THE PSD	DELETE	1.1 TITLE	ADDITIONAL TARGET TO OFFICE TO	Change Addition
DATE OTTOURN I				
ALC BELOWOOMBED IN		1.2 NAME		
ATOM DEACH EI		1.3 STREET ADDRESS		
0.11.0.54	T	1.4 CITY - ST-ZIP		T 200000 T 1440000
TILE VTD	DELETE	2.1 TITLE		Change Addition
NAME RAFF, KEELY A		2.2 NAME		
STHEET ADDRESS 916 BEACHCOMBER LN		2 3 STREET ADDRESS		
CHY-St Zip VERO BEACH FL		2. 4 CITY - ST - ZIP		
TULE	DELETE	3.1 TITLE		Change Addition
NAME		3.2 NAME		
STREET ADDRESS		3.3 STREET ADDRESS		
CHY - \$1 - Zin		3.4. City-St-ZiP		
THE	DELETE	4.1 TETLE	<u> </u>	Change Addition
NAME		4. 2 NAME		
STREET ADORESS		4.3 STREET ADDRESS		l
City-St-AP		4.4 CITY-ST-ZIP		
TPU	DELETE	5.1 TITLE		Change Addition
NAME	******	5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
		5.4 CITY-ST-ZIP		
OHY-SI-776 THE	DELETE	6.1 TITLE		Change Addition
NAME		6.2 NAME	•	
		6.3 STREET ADDRESS		
STREET ADDRESS				
City-St-ZP	d with this filing does not quali	fy for the exemption states	d in Section 119 07(3)(i) Florida Statutes, Lfr	urther certify that the
14. Edo hereby certly 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 charged, or on an attachment with an address.				
VOICHATURE ALTONOMY 4120/97				
SIGNATURE:  SIGNATURE:  SIGNATURE OF PRINTED NAME OF FRINTED NAME OF FIGNING OFFICER OR DIRECTOR  Date  Date				

FILED
May 12 1997 8:00am
Secretary of State



3a. Date of Last Report 05/01/1996

0107217

3. Date Incorporated or Qualified

06/02/1995 4. FEI Number