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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000049779 (8)

RASCAL'S ONLY, INC.

FILED Apr 18 1997 8:00am Secretary of State

 #1111 ##111 ##111 ##111 #1	41818 48111	

Principal Place of Business		Mailing Address			T FRANCINE LIA TETAL BISH CONTROL BENT BRITINE BILL BIRL BOLL HOSTA FRIT INDI					
6152 NORTHWEST 45TH AVE. COCONUT CREEK FL 33073		6152 NORTHWEST 45TH AVE. COCONUT CREEK FL 33073-1971								
 						3. Date incorporated or Qualified 06/23/1995	J	te of Last	' ,	
2. Principal Place of Business		2a. Mailing Address 26			4, FEI Number <b>65-0595860</b>	Applied For Not Applicable				
Sulte, Apt. #, etc.		Sulte, Apt. #, etc.			5 Certificate of Status Desired \$8.75 Additional					
22		27			Fee Required					
City & State		City & Stato		6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees						
Zip	Country	Z <sub>1</sub> p Country				8. This corporation has liability for intangible tax under s. 199.032,				
24	25	2930				Florida Statutes Yes No				
	9. Name and Address of Currer	it Registered Agent		1	Name	10. Name and Address of New Re	glstered /	\gent		
DEPROFIO, BERNADETTE										
6152 N.W. 45TH AVE. COCONUT CREEK FL 33073			82 Street Add		Street Add	dress (P.O. Box Number is Not Acceptab	le)		ļ	
			8	3						
			8	4	City		FL	<b>85</b> Zip	Code	
11. Pursuant	to the provisions of Sections 607,050	2 and 607.1508. Florida Statute	es, the abo		-named co	rporation submits this statement for the p		changing	its registered	
office or r	egistered agent, or both, in the State m familiar with, and accept the oblice	of Florida, Such change was a ations of, Section 607,0505, Flc	uthorized I orida Statut	by es	the corpora	rporation submits this statement for the p ation's board of directors. I hereby accep	the appoint	ointment a	is registered	
SIGNATURE										
	Signature, typed or printed name of registered agr OFFICERS AN			\gcr	nt signature requ	uired when reinstating)	DATE	DIRECTO	NDO IN 40	
12.	PD OFFICERS AN	DELETE	13. 1.1 111LE		————	ADDITIONS/CHANGES TO OFFIC	LHS AND	Change		
NAME	DEPROFIO, BERNADETTE	<u></u>	1.2 NAM					C Onlingo		
STREET ADDRESS	6152 N.W. 45TH AVE.				ADDRESS					
CITY-ST-ZIP	COCONUT CREEK FL 33073		1.4 CHY-							
TITLE	\$TD	DELFTE	2 1 TITLE					Change	☐ Addition	
NAME :	GEANISIS, GREGORY	2.2 NAME		E	ŀ					
STREET ADDRESS	6152 N.W. 45TH AVE.		2.3 STREET ADDRESS		ADDRESS					
CITY-ST-ZIP	COCONUT CREEK FL 33073		2. 4 CITY - ST - ZIP		1 - ZIP					
TITLE	DELETE		3.1 TITLE					L_  Change	■ Addition	
NAME			3.2 NAM						1	
STREET ADDRESS			3.3 STREE							
CITY-ST-ZIP TITLE		DELETE	3.4 CITY 4.1 TITLE		1 - 211			Change	Addition	
NAME			4. 2 NAM							
STREET ADDRESS			4.3 STREE		ADORESS					
CITY-ST-ZIP			4.4 CITY		· 1					
TITLE		DELETE	5.1 TITLE					Change	Addition	
NAME			5.2 NAME	Ε						
STREET ADDRESS			5.3 \$1RE	£1 Å	ADDRESS					
CITY-ST-ZIP		PELEXE	5 4 Cily-		- ZIP					
TITLE		DELETE	6.1 1/TLE					Change	Addition	
NAME ADDOCOC			6.2 NAME		upporos					
STREET ADDRESS			63 STREE		i					
				œn	nplion state	ed in Section 119.07(3)(i), Florida Statutes				
Information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same logal 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 eppears in Block 12 or Block 13 if changed, or on an attachment with an address.										