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

Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000054363 (3)

RAFCO ENTERPRISES OF SOUTH FLORIDA, INC.

1 HAMMOND PLACE BOYNTON BEACH FL 33462		1 HAMMOND PLACE BOYNTON BEACH FL 33462-8354									
						Date Incorporated or Qualified 07/14/1995	3a. Dai	te of L 21/19		port	
	ace of Business	2e. Mailing Address 26			3111111	4. FEI Number 65-0597021	Applied For Not Applicable				
Suite, Apt	# elc	Suite, Apt. #, etc.				05 0587021		CR		dditional	
22	.,	27	 			5. Certificate of Status Desired		Fee Required			
City & State	o	City & State	28			Election Campaign Financing Trust Fund Contribution					
Ζ ₁ ρ 24	Country 125	Zip 29	Country 30	/		8. This corporation has liability for intangible tax under s. 199.00 Florida Statutes					
	9. Name and Address of Curre		100	10. Name and Address of New Regist							
FOR	MER, ROBERT		81	81 Name							
1 H/	AMMOND PLACE		82	+	Street Address (P.O. Box Number is Not Acceptable)						
BOY	'NTON BEACH FL 33462		83	+							
				1							
			64		City		FL	85	Zip C	ode	
office or n agent. Lai SIGNATURE	to the provisions of Sections 607.05 egistered agent, or both, in the Sta in familiar with, and accept the obli-	te of Florida Such change wa igations of, Section 607.0505,	as authorized b	y t	the corporati	oration submits this statement for the prior's board of directors. I hereby accept	urpose of t the appo	chang pintme	ing its nt as r	registered registered	
12,		ND DIRECTORS	13.		r organization rodging	ADDITIONS/CHANGES TO OFFICE		DIREC	CTORS	3 IN 12	
TITLE	PSTD	DELETE	1,1 TITLE					Ch		Addition	
NAME	FORTIER, ROBERT		1.2 NAME						- ·		
STREET ADDRESS	1 HAMMOND PLACE		. 1.3 STREE	T AI	ADDRESS						
CITY-ST-ZIP	BOYNTON BEACH FL 33462	}	1.4 CITY-								
TifLE		DELETE	2.1 TITLE	_				☐ Ch	ange	Addition	
NAME			2.2 NAME								
STREET ADDRESS			2.3 STREE	T A!	ADDRESS						
CITY - S1 - 7IP			2 4 CiTY-		1						
Tillif		DELETE	3.1 TITLE	-				☐ Ch	ange	Addition	
NAM(3.2 NAME								
STHEET ADDRESS			3.3 STAEE	T AI	ADDRESS						
CBY-\$1-202			3.4. CITY-	ST	r-ZIP	•					
TITLE		DELETE	4.1 TITLE					☐ Ch	ange	Addition	
NAME			4. 2 NAME	:							
STREET ADDRESS			4.3 STREE	TA	ADDRESS						
CITY-ST-ZIP			44 CITY-	ST-	-ZIP						
TITLE	DELETE							Ch	ange	Addition	
NAME			5.2 NAME								
SIPELL ADDRESS			5,3 STREE		address						
CITY+S1+ZIP			5.4 CITY-								
THEF		☐ DELETE	6.1 TITLE	_				C	ange	☐ Addition	
NAME			6.2 NAME								
STREET ADDRESS			6.3 STREE		ADDRESS						
STREET ANDRESS			4.4 PITY								

14. I do 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 organization with an address.

SIGNATURE:

THE AND THE DO FOR INTER OF BIGNING OFFICER OR DIRECTOR

3/2/197

561-439-4757

FILED

Apr 07 1997 8:00am

Secretary of State