

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P95000055389 (7)

1. Corporation Name

RAB INVESTMENTS, INC.



Principal Place of Business

400 FIFTH AVENUE SOUTH, SUITE 300  
C/O AMERICAN CONSULTING, INC.  
NAPLES FL 33940

Mailing Address

400 FIFTH AVENUE SOUTH, SUITE 300  
C/O AMERICAN CONSULTING, INC.  
NAPLES FL 33940

2. Principal Place of Business

21

Suite, Apt. #, etc.

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

3. Date incorporated or Qualified

07/17/1995

3a. Date of Last Report

4. FEI Number

65-0628436

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

GUDRUN MARIA NICKEL, P.A.  
350 FIFTH AVENUE SOUTH, #200  
NAPLES FL 33940

10. Name and Address of New Registered Agent

81 Name

RAINER FILTHAUT

82 Street Address (P.O. Box Number is Not Acceptable)

400 Fifth Ave. South, #300

83

84 City

Naples

FL

85 Zip Code  
33940

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

*Rainer N. Filthaut* Rainer N. Filthaut, Vice President

1/16/96

(Signature, typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when re-registering)

D-1F

12. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

PD  
BLAESY, ROLF  
1680 DOLPHIN CT.  
NAPLE FL 33962

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

VD  
BLAESY, MICHAEL  
1680 DOLPHIN CT.  
NAPLE FL 33962

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

SD  
BLAESY, AFRA  
1680 DOLPHIN CT.  
NAPLE FL 33962

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TD  
BLAESY, MARCEL  
1680 DOLPHIN CT.  
NAPLE FL 33962

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

☐ Change ☐ Addition

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 on an attachment with an address.

SIGNATURE:

*AFRA BLAESY* AFRA BLAESY

Date

5th Feb. 96

Daytime Phone #

753-2086

CR2E034 (12/95)