

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.  
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED  
Aug 22 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 07/17/1995		3a. Date of Last Report 03/20/1996	
2. Principal Place of Business 21 4001 Tamiami Trail N. Suite, Apt. #, etc. 22 Suite 265 City & State 23 Naples, FL 34103 Zip Country 24 25		4. FEI Number 65-0628436 Applied For Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
2a. Mailing Address 26 4001 Tamiami Trail N. Suite, Apt. #, etc. 27 Suite 265 City & State 28 Naples, FL 34103 Zip Country 29 30			

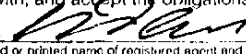
9. Name and Address of Current Registered Agent

FILTHAWT, RAINER  
400 FIFTH AVENUE SOUTH, #300  
NAPLES FL 33940

10. Name and Address of New Registered Agent

81 Name Euro-American Consulting, Inc.	85 Zip Code 34103
82 Street Address (P.O. Box Number is Not Acceptable) 4001 Tamiami Trail North	
83 Suite 265	
84 City Naples, FL	

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, President 8/19/97  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BLAESY, ROLF 1680 DOLPHIN CT. NAPLE FL 33982 <input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BLAESY, MICHAEL 1680 DOLPHIN CT. NAPLE FL 33982 <input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BLAESY, AFRA 1680 DOLPHIN CT. NAPLE FL 33982 <input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BLAESY, MARCEL 1680 DOLPHIN CT. NAPLE FL 33982 <input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 on an attachment with an address.

SIGNATURE:

 RAINER N. FILTHAUT, PRESIDENT 8/19/97

CR2E034 (4/97)