

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

**FILED**  
**May 15 1998 8:00am**  
**Secretary of State**

**PROFIT CORPORATION ANNUAL REPORT 1998**



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

**DOCUMENT # P96000025689 (6)**

**1. Corporation Name RATH, HARPER & ASSOCIATES, INC.**



DO NOT WRITE IN THIS SPACE

**Principal Place of Business**  
 5405 CYPRESS CENTER DRIVE  
 SUITE 280  
 TAMPA FL 33609

**Mailing Address**  
 5405 CYPRESS CENTER DRIVE  
 SUITE 280  
 TAMPA FL 33609

**3. Date Incorporated or Qualified**  
 03/21/1996

**4. FEI Number**  
 59-3375180

**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 owes or has paid the current year Intangible Personal Property Tax due June 30.**  Yes  No

**2. Principal Place of Business**

**21** Suite, Apt. #, etc.

**22** City & State

**23** Zip

**24** Country

**25**

**26** Suite, Apt. #, etc.

**27** City & State

**28** Zip

**29** Country

**30**

**9. Name and Address of Current Registered Agent**

**HOLCOMB, VICTOR W**  
**415 S. HYDE PARK AVENUE**  
**TAMPA FL 33606**

**10. Name and Address of New Registered Agent**

**81** Name

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

**83**

**84** City **FL** **85** Zip Code

**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:** \_\_\_\_\_ **DATE:** \_\_\_\_\_  
Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating)

**12. OFFICERS AND DIRECTORS**

**TITLE** **P**  DELETE

**NAME** **HARPER, WILLIAM H**

**STREET ADDRESS** **5405 CYPRESS CENTER DRIVE #280**

**CITY-ST-ZIP** **TAMPA FL 33609**

**TITLE** **VP**  DELETE

**NAME** **CARR, JUDY**

**STREET ADDRESS** **5405 CYPRESS CENTER DRIVE #280**

**CITY-ST-ZIP** **TAMPA FL 33609**

**TITLE** **ST**  DELETE

**NAME** **RATH, TIFFANY**

**STREET ADDRESS** **5405 CYPRESS CENTER DRIVE #280**

**CITY-ST-ZIP** **TAMPA FL 33609**

**TITLE**  DELETE

**NAME**

**STREET ADDRESS**

**CITY-ST-ZIP**

**TITLE**  DELETE

**NAME**

**STREET ADDRESS**

**CITY-ST-ZIP**

**TITLE**  DELETE

**NAME**

**STREET ADDRESS**

**CITY-ST-ZIP**

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

Change  Addition

**1.1 TITLE**

**1.2 NAME**

**1.3 STREET ADDRESS**

**1.4 CITY-ST-ZIP**

**2.1 TITLE**  Change  Addition

**2.2 NAME**

**2.3 STREET ADDRESS**

**2.4 CITY-ST-ZIP**

**3.1 TITLE**  Change  Addition

**3.2 NAME**

**3.3 STREET ADDRESS**

**3.4 CITY-ST-ZIP**

**4.1 TITLE**  Change  Addition

**4.2 NAME**

**4.3 STREET ADDRESS**

**4.4 CITY-ST-ZIP**

**5.1 TITLE**  Change  Addition

**5.2 NAME**

**5.3 STREET ADDRESS**

**5.4 CITY-ST-ZIP**

**6.1 TITLE**  Change  Addition

**6.2 NAME**

**6.3 STREET ADDRESS**

**6.4 CITY-ST-ZIP**

**14. I 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:** *Tiffany A. Rath* **4-29-98** **913-131-8860**

CR2E034 (10/97)