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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

FILED

Jan 28 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997 DOCUMENT # P96000027759 (5)

RAF PROPERTIES, INC.

SIGNATURE: N

Principal Plac 150 EGUN PAI	co of Business RKWAY NE REACH FL 32548	Mailing Address 150 EGUN PARKWAY NE FT WALTON BEACH FL 3254	18-4402	
				3. Date Incorporated or Qualified 3a. Date of Last Report 03/29/1996
	Pace of Business	2a. Mailing Address 26 QOI East W	Lu Danie Ana	4. FEI Number Applied For Not Applied For Not Applied For
Suite, Apt	#, etc	Suite, Apt. #, etc.	annews for	5. Certificate of Status Desired Fee Required
City & Stat 23	te	City & State 28 5 0195 bord.	AR	6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
Ζφ 24	Country 25	29 72401-3145 3	Country OUSA	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes To No
	9. Name and Address of Current	Registered Agent		10. Name and Address of New Registered Agent
	WMAN, RAYMOND F JR		81 Name	
150 EGLIN PARKWAY NE			82 Street Addr	ress (P.O. Box Number is Not Acceptable)
FUF	RT WALTON BEACH FL 32548		83	
			84 City	FL 85 Zip Code
11. Purspant	to the provisions of Sections 607.0502	and 607.1508, Florida Statutes	the above-named corp	poration submits this statement for the purpose of changing its registered
office or r	registered agent, or both, in the State (of Florida, Such change was au tions of Section 607 0505. Flori	thorized by the corporat	tion's board of directors. I hereby accept the appointment as registered
SIGNATURE	g.,			
	Slar is no dynamics printed transcut region of lager	····	Registered Agent signature requi	
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
THILE		☐ DETE1E	11 IIILE TO	esiden+ Change Unddition sbert J. Landry OI East Matthews Ave
NAME			12 NAME	of Carl modificals Ado
STREET ADDRESS			1.3 STREET ADDRESS (C)	Sones boro AR 72401-3145
OTY-S7-7IP		DELETE	14 CHTY-ST-ZIP 3	Change Addition
NAME		La vecete	2 2 NAME	
STREET ADDRESS			2 3 STREET ADDRESS	
C-TY - ST - ZIP			2 4 CITY-ST-ZIP	
THILE		☐ DELETE	31 TITLE	☐ Change ☐ Addition
NAME			3 2 NAME	
STREE" ADDRESS			3 3 STREET ADDRESS	
City - S* - ZiP			3.4. CITY-ST-ZIP	
THTLE		DELETE	4 1 TITLE	☐ Change ☐ Addition
NAME			4. 2 NAME	
STREET ACORESS			4 3 STREET ADDRESS	
CHY-ST 7IP			4.4 CiTY-ST-ZiP	
TITLE		DELETE	51 TITLE	☐ Change ☐ Addition
NAME			5 2 NAME	
STREE" ACORESS			5 3 STREET ADDRESS	
CHY-ST-ZiP			5.4 CITY-ST-ZIP	
THTLE		DELETE	6.1 TITLE	Change Addition
NAME			62 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	

64 CITY-ST-ZIP

14. If 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 arm 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 Dianged, or on an appearance of the corporation of the c