

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

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Apr 13, 1999 8:00 am
Secretary of State

04-13-1999 90107 024 ***150.00

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PROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **P96000034838**

1. Corporation Name
RALEIGH INVESTMENT CORP.



Principal Place of Business Mailing Address
 7177 W. OAKLAND BLVD. LAUDERHILL FL 33313
 7177 W. OAKLAND BLVD. LAUDERHILL FL 33313
 US US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2a. Mailing Address
 21 **1260 E. Oakland Park Blvd** Suite, Apt. #, etc. 26 **380 Waltham Lane**
 22 Suite, Apt. #, etc. 27
 23 **Ft Lauderdale** City & State 28 **Eutawville SC**
 24 **FL** Zip Country 29 **29048** Zip Country 30 **US**

3. Date Incorporated or Qualified
04/22/1996
 4. FEI Number
65-0661855
 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 the current year Intangible Personal Property Tax. Yes No

9. Name and Address of Current Registered Agent
GALLANT, GLENN M
7177 W. OAKLAND PARK BLVD.
LAUDERHILL FL 33313

10. Name and Address of New Registered Agent
 81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
1260 E Oakland Park Blvd.
 83
 84 City **Ft Lauderdale** 85 Zip Code **FL 33334**

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	<input type="checkbox"/> DELETE
NAME	BAETZ, DOUGLAS R	
STREET ADDRESS	1101 CASA MARINA CT.	
CITY-ST-ZIP	KEY WEST FL 33040	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	GALLANT, GLENN M	
STREET ADDRESS	5596 BAYVIEW DR.	
CITY-ST-ZIP	FT. LAUDERDALE FL 33308	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	3020 NW 33rd Ave.
1.4 CITY-ST-ZIP	Ft Lauderdale FL 33334
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	1260 E. Oakland Park Blvd.
2.4 CITY-ST-ZIP	Ft Lauderdale FL 33334
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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, with all other like empowered.

SIGNATURE: **SIGNATURE REQUIRED** 4/15/99 (954) 453-3000
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2F034-11198