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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000039294 (9)

RAJAY'S IV, INC.

FILED Apr 27 1998 8:00am Secretary of State



Principal P	lace of Business	Mailing Address				
1741 N.W. 93RD TERRACE PLANTATION FL 83322		1741 N.W. 93RD TERRACE PLANTATION FL 33322			DO NOT WRITE IN THIS S	PACE
					DO NOT WRITE IN THIS S	TAUE T
					3. Date Incorporated or Qualified 05/02/1996	
2. Principal Place of Business		2a. Mailing Address			4, FEI Number	Applied For
21		26			65-0700049	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State			6. Election Campaign Financing	\$5.00 May Be
23	28				Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Cour	ntry	8. This corporation owes or has paid the curr	ent year Intangible
24	25	29	30			Yes No
	9. Name and Address of Curren	nt Registered Agent			10. Name and Address of New Registered A	gent
	MALLOINGER, MARTIN R			81 Name		
	SANCTUARY CENTRE, SUITE D-207	7	-	P3 Stroot Add	dress (P.O. Box Number is Not Acceptable)	
	1800 NORTH FEDERAL HIGHWAY		82 Street Ad		aress (F.O. Box Number is Not Acceptable)	
	BOCA RATON FL 33431-5178			83		
'	300/11/11/01/12 30/01/01/0					
				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. Fam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.						
SIGNATURE Signature, typed or prodes name of registered agont and tills of applicable. (NOTE Registered Agent signature required when reinstaining). DATE						
12.	OFFICERS ANI		13.	viterit sittrature redi	ADDITIONS/CHANGES TO OFFICERS AND	DIRECTORS IN 12
TITLE	PD	DELETE	1.1 101	<u> </u>	ADDITIONS/CHANGES TO OFFICERS AND	Change Addition
NAME	GREEN, BARRY N		1.2 NA			
	4744 MIN AADD TEDDAGE					
STREET ADDRE	PLANTATION FL 33322			EET ADDRESS		
CITY-ST-ZIP	81D	DELETE	1.4 GH 2.1 TiTe	Y-ST-ZIP		☐ Change ☐ Addition
TITLE	KASEN, RICHARD					L3 change L3 Addition
NAME	AREA ALIE ANDO TERRADE		22 NAI			
STREET ADDRE				EET ADDRESS		
CITY-ST-ZIP	PLANTATION FL 33322			Y-ST-ZIP		
TITLE	VPD	☐ DELETE	3 1 Till	j		Change Addition
NAME	BINKOW, ANN		3.2 NAI			
STREET ADDRE			3.3 STF	EET ADDRESS		
CITY-ST-ZIP	PLANTATION FL 33322		3 4. CII	Y-ST-ZIP		
TITLE	1	☐ DELE TE	4.1 THT	.E		Change Addition
NAME			4. 2 NA	ME		
STREET ADDRE	ss		4.3 STF	IEET ADDRESS		
CITY-ST-ZIP			4.4 CIT	Y-ST-ZIP		
TITLE		☐ DELET e	5.1 1171	.E = 1		☐ Change ☐ Addition
NAME			5.2 NA	ME		
STREET ADDRE	ss		5.3 STF	EET ADDRESS		
CITY-ST-ZIP			5.4 DIT	Y-ST-ZIP		
TITLE		DELETE	6.1 7171			Change Addition
NAME	1		6.2 NA			
STREET ADDRES	22			EET ADDRESS	•	
	~			Y - ST - ZIP]
CITY-ST-ZIP	1		■ 0.4 UII	1-31-20		

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.

CIGNATURE

- 11 -

Richard Kasan

1/20/54

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