

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

FILED  
May 05 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Morham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P96000045330 (3)**

1. Corporation Name  
**RASK, INC.**



Principal Place of Business <b>15026 MADEIRA WAY MADEIRA BEACH FL 33708</b>	Mailing Address <b>15026 MADEIRA WAY MADEIRA BEACH FL 33708</b>
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>05/21/1996</b>	
4. FEI Number <b>59-3391811</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

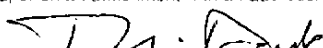
2. Principal Place of Business <b>21 9784 INDIAN KEY TRAIL</b> Suite, Apt. #, etc. <b>22</b>		2a. Mailing Address <b>27</b> City & State <b>23 SEMINOLE, FL</b> Zip <b>24 33776</b> Country <b>25 US</b>		28. City & State <b>28</b> Zip <b>29</b> Country <b>30</b>	
9. Name and Address of Current Registered Agent <b>BUSCH, ROBERT L ESQUIRE 17477 WEST BEAVER STREET JACKSONVILLE FL 32234</b>				10. Name and Address of New Registered Agent <b>81 Name: CAROL CORASH 82 Street Address (P.O. Box Number is Not Acceptable): 15006 MADEIRA WAY 83 84 City: MADEIRA BEACH FL 33708</b>	

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>P</b>	<input checked="" type="checkbox"/> DELETE	1.1 TITLE <b>P MA, ST</b>	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>RASK, THOMAS</b>		1.2 NAME <b>THOMAS RASK</b>	
STREET ADDRESS <b>259 F MEDALLION BLVD.</b>		1.3 STREET ADDRESS <b>9784 INDIAN KEY TRAIL</b>	
CITY-ST-ZIP <b>MADEIRA BEACH FL 33708</b>		1.4 CITY-ST-ZIP <b>SEMINOLE, FL 33776</b>	
TITLE <b>ST</b>	<input checked="" type="checkbox"/> DELETE	2.1 TITLE <b>THOMAS RASK</b>	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>LACHER, ELISE</b>		2.2 NAME <b>ELISE LACHER</b>	
STREET ADDRESS <b>5006 SEMINOLE BLVD.</b>		2.3 STREET ADDRESS <b>259 F MEDALLION BLVD</b>	
CITY-ST-ZIP <b>SEMINOLE FL 34642</b>		2.4 CITY-ST-ZIP <b>MADEIRA BEACH, FL 33708</b>	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: 

CR2E034 (10/97)