

FILED
Mar 16, 1999 8:00 am
Secretary of State

03-16-1999 90123 002 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000045330

 1. Corporation Name
RASK, INC.

Principal Place of Business 9784 INDIAN KEY TRAIL SEMINOLE FL 33776 US	Mailing Address 15026 MADEIRA WAY MADEIRA BEACH FL 33708
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26 9784 INDIAN KEY TRAIL		05/21/1996	
Suite, Apt #, etc.		Suite, Apt #, etc.		4. FEI Number	
22		27		59-3391811	
City & State		City & State		5 Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23		28 SEMINOLE, FL		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Zip		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	
24		29 33776		30	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
BUSCH, ROBERT L ESQUIRE 17477 WEST BEAVER STREET JACKSONVILLE FL 32234		81 Name: GRIFFIN, ROBERT, ESQ. 82 Street Address (P.O. Box Number is Not Acceptable): 314 WINDEUST BLVD 83 84 City: INDIAN ROCKS BEACH FL 85 Zip Code: 33785	

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: Robert P. Griffin DATE: 3/31/99
 NOTE: Registered Agent signature required when reinstating.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PMDS	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RASK, THOMAS	12 NAME	
STREET ADDRESS	9784 INDIAN KEY TRAIL	13 STREET ADDRESS	
CITY-ST-ZIP	SEMINOLE FL 33776	14 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		22 NAME	
STREET ADDRESS		23 STREET ADDRESS	
CITY-ST-ZIP		24 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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: T. Rask
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

15-FEB-99

Date

(Optional Phone #)

CR2E034 (11/98)