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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS '

DOCUMENT # **P96000053115**

RAFFO PROPERTIES, INC.

Principal Place of Business	Mailing Address
3339 PATTIE PLACE	3339 PATTIE PLACE
PALM HARBOR FL 34685	PALM HARBOR FL 34885
1	

FILED Mar 22, 1999 8:00 am Secretary of State

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Principal Place	e of Business	Mailing Address				C CONTINUE LES CALLES MILLI MAILLE ANTILL MAILLE AND		
3339 PATTIE PL	LACE	3339 PATTIE PLAC	Œ					
PALM HARBOR	FL 34685	PALM HARBOR FL	. 34685			DO NOT WRITE IN TH	IS SPACE	
•	•					3. Date Incorporated or Qualifed	IIO OF ACE	
						06/21/1996		ļ
2 Principal Di	lace of Business	2a. Mailing Addre				4. FEI Number		Applied For
	lace of business	—	555			59-3385526	<u> </u>	Not Applicable
Suite, Apt.	# etc	26 Suite, Apt. #,	etc		••••			Additional
22	#, G.O.	27				5. Certificate of Status Desired -		Required
City & State	e	City & State				6. Election Campaign Financing	\$5.0	May Be
23		28				Trust Fund Contribution		d to Fees
Zip	Country	Zip	Co	untry		8. This corporation owes the current year	Intangible	
24	25	29	30			Personal Property Tax.	ŬYes	IZ No
	9. Name and Address of Curr			T^-		10. Name and Address of New Registers	d Agent	
				81	Name			
RAFI	FO, CHARLES E			82	Ctroot Addro	ss (P.O. Box Number is Not Acceptable)		
3339	PATTIE PLACE			02	Stieet Addre	iss (F.O. Box Number is Not Acceptable)		İ
PALI	M HARBOR FL 34685			83				
								Codo
				84	City	F	L 85 Zi	o Code
11. Pursuant	to the provisions of Sections 607.0	502 and 607.1508, Florid	la Statutes, the	above-	named corpo	oration submits this statement for the purpose	of changing	ts registered
office or n	registered agent, or both, in the Sta im familiar with, and accept the obli	te of Florida. Such chang	ie was authorize	ed by th	he corporation	n's board of directors. I hereby accept the ap	pointment as	registered
	im familiar with, and accept the coll	gations of, Section 607.0	505, Florida Gla	iluico.				-
SIGNATURE	Signature, typed or printed name of registered a	gent and title if applicable.	(NOTE: Registere	d Agent s	signature required	when reinstating) DATE		
12.		AND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS	AND DIDECT	TORS IN 12
						ADDITIONS/CHANGES TO OFFICERS	AND DIREC	ORS IN IZ
TITLE	Р	DE		MLE		ADDITIONS/CHANGES TO OFFICERS	Chang	
TITLE NAME	l *		LETE 1.11			ADDITIONS/CHANGES TO GEFTGERS		
NAME	RAFFO, CHARLES		1.11 1.21	NAME	ADDRESS	ADDITIONS/CHANGES TO OFFICERS		
NAME STREET ADDRESS	RAFFO, CHARLES 3339 PATTIE PL		1.1 T 1.2 N 1.3 S	TITLE NAME STREET A		ADDITIONS/CHANGES TO OFFICERS		
NAME	RAFFO, CHARLES		1.1 T 1.2 N 1.3 S 1.4 C	NAME		ADDITIONS/CHANGES TO OFFICERS		e Addition
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NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	RAFFO, CHARLES 3339 PATTIE PL	□ DE	1.21 1.21 1.35 1.40 1.21 2.11 2.21 2.35	TITLE NAME STREET A CITY-ST- TITLE NAME BTREET A	ZIP	ADDITIONS/CHANGES TO OFFICERS	☐ Chang	e Addition
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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 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 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 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 or s

SIGNATURE

Charles E. Raffo, President 3/18/99