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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000060200 (8)

THE RAHAIM GROUP, INC.

SIGNATURE:

Mailing Address Principal Place of Business 1142 LIBERTY STREET 1142 LIBERTY STREET JACKSONVILLE FL 32206-5132 JACKSONVILLE FL 32206 3. Date Incorporated or Qualified 3a, Date of Last Report 07/18/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For Not Applicable 21 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 28 Zip Country This corporation has liability for intangible tax under s. 199.032. Florida Statutes
 The Statutes
 No 25 29 30 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent AMERILAWYER CHARTERED 343 ALMERIA AVENUE 82 CORAL GABLES FL 33134 83 84 11. Pursuant to the previsions 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 tamiliar with, and accept the obligation of, Sention 607.0505, Florida Statutes. SIGNATURE (NOTE Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (96/6) 12. 13. DELETE Change Addition THE **PSTD** 1.1 TITLE RAHAIM, MICHAEL A NAME 1.2 NAME **CR2E034** 1142 LIBERTY STREET STREET ADDRESS 13 STREET ADDRESS JACKSONVILLE FL 32206 1.4 City - St - ZIP CEY-\$1-7P Addition DELETE Change 2.1 THILE BILL NAM! 2.2 NAME 2.3 STREET ADDRESS STREET ADDRESS 2. 4 CITY-ST-ZIP DELETE Change Addition 3.1 TITLE THEF NAM 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY - \$1 - 7/2 3 4. CITY-ST-ZIP DELETE Change Add tion Tille 4.1 TITLE NAME 4. 2 NAME 4.3 STREET ADDRESS STREET ACORESS 4.4 CITY-ST-ZIP ___ Addition DELETE Change THE 5.1 TITLE NAM 5 2 NAME STREET ADDRESS 5.3 STREET ADDRESS 54 CITY-ST-ZIP Change Addition DELETE 61 TITLE THE NAME 6.2 NAME STREET ACORESS **6.3 STREET ADDRESS** 6.4 CITY-ST-ZIP 0.01-81-24 14. I do 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.

FILED Apr 25 1997 8:00am Secretary of State



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