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PROFIT CORPORATION ANNUAL REPORT

1997

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FLORIDA DEPARTMENT OF STATE

FILED

Apr 29 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000067025 (2)

RAK ASSOCIATES OF SOUTHWEST FLORIDA, INC.

Principal Place of Business Mailing Address 211 VIA NAPOLI 211 VIA NAPOLI NAPLES FL 80998 - 34105-7114 NAPLES FL 34105-7114 3. Date Incorporated or Qualified 3a. Date of Last Report 08/12/1996 2. Principal Place of Business 2a. Mailing Address FEI Number Applied For 65-0689312 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8,75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Country Collier Country Zip 8. This corporation has liability for intangible tax under s. 199.032, 9. Name and Address of Current Registered Agent Yes X No Florida Statutes 24 10. Name and Address of New Registered Agent KLEIN, RON 211 VIA NAPOLI Street Address (P.O. Box Number is Not Acceptable) 82 NAPLES FL 33999 83 City 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. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Stynature, typied or printed name of registered agent and little if applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 96/6) Change Addition ___ DELETE THLE 1.1 TITLE KLEIN, RON 1.2 NAME NAME 211 VIA NAPOLI STREET ADDRESS 1.3 STREET ADDRESS NAPLES FL 33999 CITY-ST-7iP 1.4 CITY - ST - ZIP DELETE Change Addition THEF 21 TITLE KLEIN. ARLENE **2.2 NAME** 211 VIA NAPOU 2.3 STREET ADDRESS STREET ADDRESS NAPLES FL 33999 CHY-ST-ZIP 2. 4 CITY-\$T-ZIP DELETE Change Addition 3.1 TITLE TILLE 3.2 NAME MAV: 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP Change DELETE 4.1 TITLE Addition THILE 4. 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS CON-ST ZIP 4.4 CITY - \$1 - ZIP DELETE Change Addition THEE 5.1 TITLE 52 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP Change DELETE Addition 1131 F 6.1 TITLE MAM 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

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 am an efficiency director of the growing providing or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name

Date

Daylime Phone #