SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9600067974 (1)

FILED Sep 18 1997 8:00am Secretary of State

RANOS,	INC.									
Principal Plac	Mailing Address				(84118 81111 (78 14)				
PO BOX 4764 PO BOX 4764			•							
CLEARWATER FL 34618 CLEARWATER FL 34618						DO NOT WRITE IN THIS SPACE				
						3. Date Incorporated or Qualified	3a. Date of	Last Reg	oort	
2. Principal P	lace of Business	2a. Mailing Address				U8/15/1996	ا ۔ 	Tana	lied For	\dashv
21	tage of Edginess	├ ─┐	26			<i>Ea = 259717</i>			Applicable	<u>, </u>
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				SR 75 Addition				
22		27	27			5. Certificate of Status Desired		Fee Req		
City & Stat	е	City & State	City & State			6. Election Campaign Financing	_ \$	5.00 ⋈	lay Be	7
23		28				Trust Fund Contribution Added to Fees				
Zip					8. This corporation owes or has paid the current year				-	
24	25 Name and Address of	29 Current Registered Agent	ared Agent			Personal Property Tax due June 30. Yes No 10. Name and Address of New Registered Agent				
4=1		Current Hegistored Agent		B1 Nam						\dashv
	INS, JOHN W		[_							_
	1 Magnolia DR Arwater FL 34624		1	32 Stree	t Addre	ss (P.O. Box Number is Not Acceptabl	e)			
CLE	ANTAICH FL 34024		<u> </u>	83						1
			ļ.							4
			1	64 City			FL 85	Zip Co)Oe	
11. Pursuant office or r	307.0502 and 607.1508, Florida State of Florida. Such change was chilesting of Section 607.0505	itutes, the aboas authorized	ove-name by the co	d corpo orporatio	ration submits this statement for the punis board of directors. I hereby accep	rpose of chan the appointm	ging its ent as re	registered gistered	1	
Į –	m lamına witil, and accept mi	ie obligations of, Section 607.0505,	Fiorida Statu	ies.						ļ
SIGNATURE	Signature, typed or printed name of regis	istered agent and title P applicable (I	NOTE Registered	Agent signati	ne réquirec	d when reinstating)	DATE			
12.	OFFICE	ERS AND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFIC	ERS AND DIRE	CTORS	IN 12	_]բ
TITLE	PD	☐ DELETE	☐ DELETE 1.1 TO				Ц¢	hange	☐ Addition	5
NAME	atkins, John W		1.2 NAA	1,2 NAME						2
STREET ADDRESS	PO BOX 4764	_	1,3 STR	1.3 STREET ADDRESS						ļķ
CITY-ST-ZIP	CLEARWATER FL 34618			/-\$1-ZIP	_				Addition	-J}ì
TITLE		C Dittele	2.1 TITL	_	1		Ц¢	hange	[] Addition	
NAME STREET ADDRESS			2.2 NAN							1
STREET ADDRESS CITY-ST-ZIP				EET ADDRESS Y-ST-ZIP	,					1
TITLE		☐ DELETE	3.1 TOL		 		Пс	hange	Addition	\exists
NAME			3.2 NAN					•		
STREET ADDRESS				eet address	3					
CITY-ST-ZIP			3.4. CIT	Y - S1 - ZIP						
TITLE		☐ DELETE	4.1 1(1)	£			C	hange	Acidition	7
NAME			4. 2 NA	ME						1
STREET ADDRESS			4.3 STR	EET ADDRESS	;					1
CITY-ST-ZIP			4.4 CITY	7-ST-ZIP	ļ					╛
TITLE		☐ DELETE	5.1 TITE	E	-	: :		nange	Addition	-
NAME			5.2 NAN							
STREET ADDRESS	, ,			EET ADDRESS	3					
CITY-ST-ZIP		Dr. Fre		/-ST-ZIP				hanne	Addition	4
TITLE		☐ DELETE	6.1 TITL				□ c	nange	L.J Addition	
NAME ATTEST ADDRESS			6.2 NAN							
STREET ADDRESS				EET ADDRESS	'					
CITY-ST-ZIP		Ed at 15 (final	6.4 CIT	(-S1-ZIP	1	- C 440 07/2/// Florid- Out 4	LE III	C . 41 4 . 11		4

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 of changod, or or an ayarchment with an address.

CICMATURE.

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813-446-0673