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Mar 09 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000072674 (0)

1. Corporation Name  
RAG ACQUISITION, INC.

Principal Place of Business  
390 N ORANGE AVE. SUITE 1100  
ORLANDO FL 32801

Mailing Address  
390 N ORANGE AVE. SUITE 1100  
ORLANDO FL 32801



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 4535 W. Irlo Bronson Suite Apt. 400 22 Memorial Highway City & State 23 Kissimmee FL Zip Country 24 34746 25 Osceola		2a. Mailing Address 26 4535 W. Irlo Bronson Suite Apt. 400 27 Memorial Highway City & State 28 Kissimmee FL Zip Country 29 34746 30 Osceola		3. Date Incorporated or Qualified 08/28/1996 4. FEI Number 59-3403928 Applied For Not Applicable 5. Certificate of Status Desired XX \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees 7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. X Yes No	
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9. Name and Address of Current Registered Agent

SWART, HARRY J  
717 EAST OAK ST  
KISSIMMEE FL 34744

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 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

Signature: Typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PT	1.1 TITLE	PTD
NAME	WHITFIELD, ROBERT	1.2 NAME	Whitfield, Robert
STREET ADDRESS	4266 BROOKMYRA DRIVE	1.3 STREET ADDRESS	4266 Brookmyra Drive
CITY-ST-ZIP	ORLANDO FL	1.4 CITY-ST-ZIP	Orlando, FL
TITLE	VS	2.1 TITLE	VSD
NAME	WHITFIELD, BARBARA	2.2 NAME	Whitfield, Barbara
STREET ADDRESS	4266 BROOKMYRA DRIVE	2.3 STREET ADDRESS	4266 Brookmyra Drive
CITY-ST-ZIP	ORLANDO FL	2.4 CITY-ST-ZIP	Orlando, FL
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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

SIGNATURE:  Robert Whitfield, President 2/24/98 (407)396-4666

CR2E034 (10/97)