


FILED
May 06 1998 8:00am
Secretary of State

PROFIT CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

May 06 1998 8:00a
Secretary of State

DOCUMENT #P96000079243(7)
1. Corporation Name
RARA SERVICES, INC.

Principal Place of Business
4567 N.E. 6th St.
Ocala, FL 34470-1553

Mailing Address
4567 N.E. 6th St.
Ocala, FL 34470-1553

2. Principal Place of Business
21 4567 N.E. 6th St.
22 Suite, Apt. #, etc.
23 City & State
OCALA, FL
24 Zip Country
34470-1553 USA

2a. Mailing Address
26 4567 N.E. 6th St.
27 Suite, Apt. #, etc.
28 City & State
OCALA, FL
29 Zip Country
34470-1553 USA

3. Date Incorporated or Qualified
08/23/1996

4. FEI Number
74-6406994

5. Certificate of Status Desired
\$8.75 Additional Fee Required

6. Election Campaign Financing
Trust Fund Contribution
\$5.00 May Be Added to Fees

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.
Yes No

9. Name and Address of Current Registered Agent
BROOKS, BETTY H.
4567 N.E. 6th STREET
OCALA, FL 34470-1553

10. Name and Address of New Registered Agent

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 Betty H. Brooks, BETTY H. BROOKS 04/27/1998

12. OFFICERS AND DIRECTORS
11 TITLE
NAME P
STREET ADDRESS DAVID MAYSON BROOKS
CITY-ST-ZIP 4567 N.E. 6th STREET
OCALA, FL 34470-1553

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
11 TITLE
12 NAME
13 STREET ADDRESS
14 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)(f), 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: DM Brooks DAVID MAYSON BROOKS 04/27/1998 352-694-6088