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FILED

Apr 25 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P96000080318 (4)

1. Corporation Name

THE RACK ROOM, INC.

Principal Place of Business

10323 SOUTHERN BLVD  
ROYAL PALM BEACH FL 33411

Mailing Address

10323 SOUTHERN BLVD  
ROYAL PALM BEACH FL 33411-4338

3. Date Incorporated or Qualified  
09/26/1996

3a. Date of Last Report

2. Principal Place of Business  
21 18679 SE Federal Highway

Suite, Apt. #, etc.

22 City & State  
23 Tequesta, FL 33469

24 Zip Country  
25 Martin

2a. Mailing Address  
26 18679 SE Federal Highway

Suite, Apt. #, etc.

27 City & State  
28 Tequesta, FL 33469

29 Zip Country  
30 Martin

4. FEI Number  
65-0695596

Applied For  
Not Applicable

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 has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

RUBENFELD, DAREN  
10323 SOUTHERN BLVD  
ROYAL PALM BEACH FL 33411

10. Name and Address of New Registered Agent

81 Name  
Rubenfeld, Daren, Esq.  
82 Street Address (P.O. Box Number is Not Acceptable)  
18679 SE Federal Highway  
83  
84 City  
Tequesta FL 85 Zip Code  
33469

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]*  
Signature, typed or printed name of registered agent and title if applicable.

DAREN RUBENFELD

(NOTE: Registered Agent signature required when reinstating)

DATE 4/15/97

12. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	MILLER, ROBERT	
STREET ADDRESS	10323 SOUTHERN BLVD	
CITY-ST-ZIP	ROYAL PALM BEACH FL 33411	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Austin, Christopher	
1.3 STREET ADDRESS	18679 SE Federal Highway	
1.4 CITY-ST-ZIP	Tequesta, FL 33469	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
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 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:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CHRISTOPHER AUSTIN

DATE 4/15/97 DAYTIME PHONE # 561-743-0014

0305006

CR2E034 (9/96)