

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Apr 13 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE
Sandra S. Northam
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **P97000017334 (8)**

1. Corporation Name
RAINHAM, INC.



Principal Place of Business: 20706 ALTERNATE 19 NORTH PALM HARBOR FL 34683
 Mailing Address: 20706 ALTERNATE 19 NORTH PALM HARBOR FL 34683
2706 ALTERNATE 19 N PALM HARBOUR FLA 34683

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	4. FEI Number	Applied For
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	02/24/1997	59-3434674	Not Applicable
22 City & State	27 City & State	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required	
23 Zip	28 Country	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees	
24 Zip	25 Country	29 Zip	30 Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
CLARK, RAYMOND 20706 ALTERNATE 19 NORTH PALM HARBOR FL 34683	11 Name CLARK, RAYMOND 12 Street Address (P.O. Box Number is Not Acceptable) 2706 ALTERNATE 19 NORTH 13 PALM HARBOUR 14 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: _____ (NOTE: Registered agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		1.2	
STREET ADDRESS		1.3	STREET ADDRESS
CITY-ST-ZIP		1.4	ST-ZIP
TITLE	<input type="checkbox"/> DELETE	2.1	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2	
STREET ADDRESS		2.3	STREET ADDRESS
CITY-ST-ZIP		2.4	ST-ZIP
TITLE	<input type="checkbox"/> DELETE	3.1	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2	
STREET ADDRESS		3.3	STREET ADDRESS
CITY-ST-ZIP		3.4	ST-ZIP
TITLE	<input type="checkbox"/> DELETE	4.1	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2	
STREET ADDRESS		4.3	STREET ADDRESS
CITY-ST-ZIP		4.4	ST-ZIP
TITLE	<input type="checkbox"/> DELETE	5.1	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2	
STREET ADDRESS		5.3	STREET ADDRESS
CITY-ST-ZIP		5.4	ST-ZIP
TITLE	<input type="checkbox"/> DELETE	6.1	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2	
STREET ADDRESS		6.3	STREET ADDRESS
CITY-ST-ZIP		6.4	ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the option 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 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 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: **RAYMOND CLARK** 2-12-98

CR2E034 (10/97)