

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

FILED
May 01 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 # P97000020025 (7)
 1. Corporation Name
RACHWAL II, INC.



Principal Place of Business 4642 PINE GREEN TRAIL SARASOTA FL 34241	Mailing Address 4642 PINE GREEN TRAIL SARASOTA FL 34241
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 438 Interstate Court Suite, Apt. #, etc.		2a. Mailing Address 26 438 Interstate Court Suite, Apt. #, etc.		3. Date Incorporated or Qualified 03/03/1997	
22 City & State 23 Sarasota FL		27 City & State 28 Sarasota FL		4. FEI Number 59-3431341	
24 Zip 34240		29 Zip 34240		Applied For Not Applicable	
25 Country USA		30 Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
9. Name and Address of Current Registered Agent MCNALLY, JOHN L 4642 PINE GREEN TRAIL SARASOTA FL 34241				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. Name and Address of New Registered Agent				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	


81 Name		
82 Street Address (P.O. Box Number is Not Acceptable)	438 Interstate Court	
83		
84 City	Sarasota	85 Zip Code FL 34240

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	DPST <input type="checkbox"/> DELETE	1.1 TITLE	DSTV <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCNALLY, JOHN L	1.2 NAME	
STREET ADDRESS	4642 PINE GREEN TRAIL	1.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL 34241	1.4 CITY-ST-ZIP	
TITLE	Ervin Rachwal <input type="checkbox"/> DELETE	2.1 TITLE	DP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	4975 Southern Wood Drive	2.2 NAME	
STREET ADDRESS	Sarasota FL 34241	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 any attachment with an address.

SIGNATURE:  **John L. McNally, Secretary** 4-20-98

CR2E034 (1/097)