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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000032257 (2)

RAE-ALLAN CORPORATION

Principal Place of Business Mailing Address 890 WASHINGTON AVE. 890 WASHINGTON AVE. **ORANGE PARK FL 32065** ORANGE PARK FL 32065 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 04/07/1997 2. Principal Place of Business 2a. Mailing Address Applied For 21 Not Applicable Suite, Apt. #, etc Suite, Apt. #, etc. \$8.75 Additional 22 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees Zip Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No 24 25 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent R1 Name WILLIAMS, GRADY H JR 1279 KINGSLEY AVENUE 82 Street Address (P.O. Box Number is Not Acceptable) SUITE 117 83 **ORANGE PARK FL 32073** 84 City 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) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE TITLE Change Addition MORRIS, JEAN R NAME 1.2 NAME 890 WASHINGTON AVE. STREET ADDRESS 1.3 STREET ADDRESS **ORANGE PARK FL 32065** CITY - ST - ZIP 1.4 CITY - ST - ZIP DELETE TITLE 21 TITLE Addition MORRIS, DONALD A NAME 2.2 NAM6 **890 WASHINGTON AVE** STREET ADDRESS 2 3 STREET ADDRESS **ORANGE PARK FL 32065** CITY-ST-ZIP 2. 4 CITY - ST - ZIP DELETE TITLE 3.1 TITLE Change Addition MAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3 4. CHTY-ST-ZIP DELETE TITLE Change Addition 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CHTY-ST-ZIP TITLE DELETE Change Addition 5.1 THLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE TITLE 6.1 TITLE Change Addition NAME 6.2 NAME

14. Thereby 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 suppliercental 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.

6 3 STREET ADDRESS 64 CITY-ST-ZIP

SIGNATURE: Com R Minor

STREET ADDRESS

FILED

Apr 07 1998 8:00am

Secretary of State