


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

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Apr 02 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 # **P97000035817 (0)**

1. Corporation Name
RAY DELL INC.

Principal Place of Business

~~211 PINE HOV CIRCLE~~
~~SUITE A-1~~
~~GREENACRES FL 33403~~

Mailing Address

~~211 PINE HOV CIRCLE~~
~~SUITE A-1~~
~~GREENACRES FL 33403~~



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address	
21 824 NE 3rd Street	26 824 NE 3rd Street		
Suite, Apt. #, etc. 22 Bay #4	Suite, Apt. #, etc. 27 Bay #4		
City & State 23 Boynton Beach, FL	City & State 28 Boynton Beach, FL		
Zip 24 33435	Country 25 USA	Zip 29 33435	Country 30 USA

3. Date Incorporated or Qualified 04/21/1997	
4. FEI Number 65-0748577	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent	
RAJONE, FRANK W 211 PINE HOV CIRCLE SUITE A-1 GREENACRES FL 33403	

10. Name and Address of New Registered Agent	
81 Name Barry L. Clayton	
82 Street Address (P.O. Box Number is Not Acceptable) 1675 Palm Beach Lakes Blvd.	
83 Suite 700	
84 City West Palm Beach	85 Zip Code FL 33401

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]
Signed, typed or printed name of registered agent not applicable

Barry L. Clayton
(NOTE: Registered Agent signature required when reinstating)

3/27/98
DATE

12. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE P RAINONE, FRANK W 211 PINE HOV CIRCLE, SUITE A-1 GREENACRES FL 33403
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	D/P/T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	S Ocasio, Jodi 211 Pine Hov Circle, Suite A-1 Greenacres, FL 33403 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	VP Boch, Anthony J. 824 NE 3rd Street, Bay #4 Boynton Beach, FL 33435 <input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 in an attachment with an address

SIGNATURE:

[Signature]
Frank Rainone

3/27/98 (821) 438-7400

CR2E034 (10/97)