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

**PROFIT CORPORATION** ANNUAL REPORT



ELÓRIDA DEPARTMENT OF STATE

Secretary of State DIVISION OF CORPORATIONS

1998 DOCUMENT #

P97000065014 (7)

A RARE AFFAIR, INC.

Principal Place of Business Mailing Address 1257 SPRING CIRCLE DRIVE

1257 SPRING CIRCLE DRIVE

**FILED** Apr 23 1998 8:00am Secretary of State



CORAL SPRINGS FL 33071		CORAL SPRINGS FL 33071			DO NOT WRI	E IN THIS :	SPACE			
						3. Date Incorporated or Qualified				
						07/25/1997				
2. Principal Place of (	Rusiness	2a. Mailing Address				4. FEI Number Applied For				
21		26		_		45-078547	6		Not A	pplicable
Suite, Apt. #, etc.		Stute, Apt. #, etc. 27				5. Certificate of Status Desired S8.75 Additional Fee Required				
City & State		City & State				6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees				
Zip <b>24</b>	Country 25	Ζ(ρ)	Counti	ry		This corporation owes or has personal Property Tax due Jur		rent yea	ar Intanç N	gible Vo
	ame and Address of Curre		<del></del>			10. Name and Address of New F		 Agent		
TOALE,	JAMES C		8	1	Name					
1257 SP	RING CIRCLE DRIVE SPRINGS FL 33071		82 Street Ad		Street Addre	ess (P.O. Box Number is Not Accept	able)			
COME	OFFINITOS FL 33071		8:	3	<del></del>					
			84	4	City		FI	85	Zip Coo	de
11. Pursuant to the pr	ovisions of Sections 607 056	02 and 607.1508, Florida Stat	lutes, the abo	ve-	-named corpo	oration submits this statement for the on's board of directors. I hereby acc	purpose of	chang	ina its re	eaistered
office or registere agent. Lam familia	d agent, or both, in the State or with, and accept the oblig	e of Florida. Such change wa jations of, Section 607.0505,	s authorized t Florida Statute	oy es.	the corporation	on's board of directors. I hereby acc	ept the app	ointmer	nt as reç	gišterud
SIGNATURE										
Steparone	typed or pented name of repetered ag			gen	nt signature require		DATE			
12.	OFFICERS AN	ID DIRECTORS	13.		15	ADDITIONS/CHANGES TO OFF	ICERS AND			
TITLE		☐ rate it	1 1 TITLE		1	esident		Cha	nge 🍃	Addition
NAME			1.2 NAME		Jar	mes C. Toale	D			
STREET ADDRESS			E .		ADDRESS 125	57 garing Circle	22~	7.		
CITY+ST-ZIP TITLE		DELETE	1.4 CITY - 2 1 TITLE			ray Springs Fl	330	Cha	Т	Addition
NAME		L tattit				aru J Togle		L.J Cila	nge 5	Audilion
į.			2.2 NAME		10(0		<b>~</b>			
STREET ADDRESS					ADDRESS 3	57 spring arcle	(4 .			
CHY-ST-ZIP TITLE		DELETE	2 4 CHY		T-ZIP CO	vai spings, Fl	<u>330</u>	<u>//</u>	<del></del>	1.4.00
		☐ DEFETE	3 1 TITLE			. 0		☐ Cha	nge L	Addition
NAME			3 2 NAME							
STREET ADDRESS			3 3 STAFE		1					
CITY-SI-ZIP		The state of the s	3.4 CITY		r-zip					<b></b>
TITLE		DELETE	4 1 TITLE					☐ Cha	nge L	Addition
NAME			4. 2 NAMI							
STREET ADDRESS			4.3 STREE	TA	ADDRESS					
CITY - S1 - ZIP			4.4 CITY -	ST-	- ZIP			<del></del>		
TITLE		☐ DELETE	5.1 11FLE					Chai	nge L	Addition
NAME			5.2 NAME							
STREET ADDRESS			5.3 STREE	ΤA	ADDRESS					
City-St-7iP			5.4 CITY -	ST-	- ZIP		<del></del>			
TITLE		DETETE	61 TITLE					Cha	nge 🗌	Addition
NAME			62 NAME		1					
STREET ADDRESS			6.3 STREE	LA	ADDRESS					
CITY-ST-ZIP			64 CiTY-	51.	-ZIP					
	at the information supplied w	with this filing does not qualify				Section 119.07(3)(i), Florida Statutes.	i further ce	rtify tha	t the infe	ormation

indicated on this armual report or supplem officer or director of the corporation or the Block 12 or Block 13 if changes for on an I arrived report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an liver optics by compowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in furnity with an address