

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 10, 1999 8:00 am
Secretary of State

05-10-1999 90001 043 ***150.00

DOCUMENT # P97000065014

1. Corporation Name
A RARE AFFAIR, INC.

Principal Place of Business
1257 SPRING CIRCLE DRIVE
CORAL SPRINGS FL 33071

Mailing Address
1257 SPRING CIRCLE DRIVE
CORAL SPRINGS FL 33071



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 07/25/1997	
4. FEI Number 65-0785476	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 the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 10860 SW 1st Ct. Suite, Apt. #, etc. 22 City & State 23 Coral Springs, FL Zip 24 33071 Country 25 USA	2a. Mailing Address 26 10860 SW 1st Ct. Suite, Apt. #, etc. 27 City & State 28 Coral Springs, FL Zip 29 33071 Country 30 USA
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9. Name and Address of Current Registered Agent

TOALE, JAMES C
1257 SPRING CIRCLE DRIVE
CORAL SPRINGS FL 33071

10. Name and Address of New Registered Agent

81 Name Toale James C.
82 Street Address (P.O. Box Number is Not Acceptable) 10860 SW 1st Ct.
83
84 City Coral Springs FL
85 Zip Code 33071

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE P	<input type="checkbox"/> DELETE	1.1 TITLE President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME TOALE, JAMES C		1.2 NAME Toale, James C.	
STREET ADDRESS 1257 SPRING CIR DR		1.3 STREET ADDRESS 10860 SW 1st Ct.	
CITY-ST-ZIP CORAL SPRINGS FL 33071		1.4 CITY-ST-ZIP Coral Springs FL 33071	
TITLE VP	<input type="checkbox"/> DELETE	2.1 TITLE Vice President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME TOALE, MARCI J		2.2 NAME Toale, Marci J	
STREET ADDRESS 1257 SPRING CIR DR		2.3 STREET ADDRESS 10860 SW 1st Ct	
CITY-ST-ZIP CORAL SPRINGS FL 33071		2.4 CITY-ST-ZIP Coral Springs, FL 33071	
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 an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)

0176312