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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Secretary of State DIVISION OF CORPORATIONS

1998

DOCUMENT # P97000069992 (0)

RASMUSSEN RESEARCH, INC.

FILED Apr 29 1998 8:00am Secretary of State

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Principal Place of Business Mailing Address			T I I DOTE OUT THE COLUMN COLU				
2706 S. HORSESHOE DR.		2706 S. HORS	2706 S. HORSESHOE DR.				
NAPLES FL 34104			NAPLES FL 34104				
						DO NOT WRITE IN THIS SPACE	
						3. Date Incorporated or Qualified	
A District D		1 4 11 11 11				06/30/1997	
	ace of Business		2a. Mailing Address			4. FEI Number Applied For	
21		+	26			59-3454013 Not Applicable	
Suite, Apt. #, etc.		<u> </u>	Suite, Apt. #, etc.			5. Certificate of Status Desired \$8.75 Additional Fee Required	
22]		City & State	27 State				
Crty & State		├ ─ '	├ ── '			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees	
Zip	Country	Zip	Zip Countr			· · · · · · · · · · · · · · · · · · ·	
24	25	29	30	000/10/		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No	
29	9. Name and Address of Curn			— т—		10. Name and Address of New Registered Agent	
OI)		om nogleteres Agent	<u></u>	81	Name	ID. Hallie and Addition of Hall Hagistation Agent	
	O'NEILL, WILLIAM R						
	1 RIDGEWOOD DR., STE. 201			82 Street Address (P.O. Box Number is Not Acceptable)			
NAI	PLES FL 34108			83			
				63			
				84	City	85 Zip Code	
44 5		-00 I DOT 1500 FL		Ļ_		FL E E F C C F C C F C C C	
11. Pursuant i	to the provisions of Sections 607.05 egistered agent, or both, in the Sta	502 and 607.1508, Flo te of Florida. Such cha	rida Statutes, tr ange was autho	ne above rized by	the corpor	orporation submits this statement for the purpose of changing its registered ation's board of directors. I hereby accept the appointment as registered	
agent. I a	m familiar with, and accept the obli	gations of, Section 60	7.0505, Florida	Statutes),		
SIGNATURE							
12.	Signature, typed or printed name of registered a OFFICERS A	ND DIRECTORS		islered Ape 13.	ni signatura req	pured when re-nstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D			1.1 TITLE		Change Addition	
NAME	RASMUSSEN, WILLIAM F	-		1.2 NAME	ĺ		
	2706 S. HORSESHOE DR.				ADDRESS		
STREET ADDRESS	NAPLES FL 34104			1.3 STREET		•	
CITY-ST-ZIP TITLE	D			1.4 CITY-S 2.1 TITLE	1- ZIP	Change Addition	
NAME	rasmussen, scott w					Change L. Addition	
	2706 S. HORSESHOE DR.			2.2 NAME			
STREET ADDRESS				2.3 STREET		• •	
CITY-ST-Z#P TITLE	NAPLES FL 34104	——————		2. 4 CITY - S	17 - ZIP	Change Addition	
		: ب		3.1 TITLE		Citarge Modition	
NAME				3.2 NAME			
STREET ADDRESS				3.3 STREET			
City-St-Zip Title				3.4. CITY - \$	i1 - ZIP	☐ Change ☐ Addition	
		ا ليا		4.1 TITLE		Chairing T virgings	
NAME				4. 2 NAME			
STREET ADDRESS				4.3 STREET			
CITY-ST-ZIP				4.4 CITY-S	I - ZIP	T Change T Little	
TITLE		اليا		5.1 TITLE		Change Addition	
RAME				5.2 NAME			
STREET ADDRESS			1	5.3 STREET			
CITY - ST - ZIP				5.4 CITY-S	T-ZIP		
TITLE		الا		6.1 TITLE		Change Addition	
NAME			•	6.2 NAME	i		
STREET ADDRESS				6.3 STAEET	ADDRESS		
CITY-ST-ZIP				6.4 CITY-S	r-zip		
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guality for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information and accurate and that my signature shall have the same legal effect as if made under oath; that I am an ored to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in