

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

FILED
Feb 20 1998 8:00am
Secretary of State

DOCUMENT # P97000076550 (7)

1. Corporation Name

RAKEN ENTERPRISES, INC.



Principal Place of Business

Mailing Address

~~1700 BANKS ROAD SUITE 2 MARGATE FL 32063~~ 1935 NW 18TH ST. POMPANO BCH, FL 33069
~~1700 BANKS ROAD SUITE 2 MARGATE FL 32063~~ SAME

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/02/1997

4. FEI Number

65-0773130

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐

Yes

☒

No

2. Principal Place of Business

21 1935 NW 18th St.

Suite, Apt. #, etc.

22

City & State

23 Pompano Beach, FL

Zip

24 33069

Country

25 USA

2a. Mailing Address

26 1935 NW 18th St.

Suite, Apt. #, etc.

27

City & State

28 Pompano Beach, FL

Zip

29 33069

Country

30 USA

9. Name and Address of Current Registered Agent

ROBERTS, CHARLOTTE A

~~1700 BANKS ROAD SUITE 2 MARGATE FL 32063~~ 1935 NW 18TH STREET POMPANO BCH, FL 33069

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME ROBERTS, RAYMOND A

STREET ADDRESS 900 CYPRESS WAY

CITY-ST-ZIP BOCA RATON FL 33486

TITLE VD ☐ DELETE

NAME SEEGER, KENNETH V

STREET ADDRESS 2943 NW 68TH AVE

CITY-ST-ZIP MARGATE FL 33063

TITLE SD ☐ DELETE

NAME SEEGER, SHANNON E

STREET ADDRESS 2943 NW 68TH AVE

CITY-ST-ZIP MARGATE FL 33063

TITLE TD ☐ DELETE

NAME ROBERTS, CHARLOTTE A

STREET ADDRESS 900 CYPRESS WAY

CITY-ST-ZIP BOCA RATON FL 33486

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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.

SIGNATURE Shannon Seeger

2/2/98 954.979.1264

CR2E034 (10/97)