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

Mailing Address

P. O. BOX 41285

2a. Mailing Address

Suite, Apt. #, etc.

26

JACKSONVILLE FL 32203

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # **P97000081693**1. Corporation Name

Principal Place of Business

2. Principal Place of Business

Suite, Apt. #, etc.

5050 ELINOR ROAD

US

JACKSONVILLE FL 32257

RAGAS OF JACKSONVILLE, INC.

| City & State Country Country | 22 | | 27 | | | | J. U | erincate or Status D | | | Fee Re | equired |
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| 23 | | 3 | | | | | 6. E | lection Campaign Fi | inancing | - | \$5.00 | May Be |
| 21p | | | 28 | | | | | | _ | | | |
| 9. Name and Address of Current Registered Agent GRAY, SHARON A. 10010 BELLE RIVE BLVD, #901 JACKSONVILLE FL 32256 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 agent. I am lemitle with and accept the obligations of Section 50.0502 and 507.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I am lemitle with and accept the obligations of Section 50.0502 and 507.1508, Florida Statutes, the above-named corporation's board of directors. I hereby accept the designation of Section 50.056, Florida Statutes. SIGNATURE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. Www. 12. Www. 12. Www. 13. WREST ADDRESS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. Www. 13. Www. 13. WREST ADDRESS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. Www. 13. Www. 13. Will a purpose of the purpose of changing its registered agent and received when whenevery when whenevery when whenevery when whenevery when whenevery when whenevery whenever whenever when whenevery whenever when | | Country | | Country | , | | 8. T | his corporation owes | s the cur | rent year In | tangible | |
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| GRAY, SHARON A 10010 BELLE RIVE BLVD, #901 JACKSONVILLE FL 32256 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 are registered agent, and mentillar with, and accept the onligation of Section 507,0506, Florida Statutes. SIGNATURE OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. TITLE OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. TITLE OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. TITLE OFFICERS AND DIRECTORS IN 12. TITLE ORAY, SHARON A 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. TITLE ORAY, SHARON A 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. TITLE ORAY, SHARON A 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. TITLE ORAY, SHARON A 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. TITLE ORAY, SHARON A 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. TITLE ORAY, SHARON A 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. TITLE ORAY, SHARON A 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. TITLE ORAY, SHARON A 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. TITLE ORAY, SHARON A 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. TITLE ORAY, SHARON A 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. TITLE ORAY, SHARON A 13. TITLE ORAY, SHARON A 14. ONLY ST. ZP TITLE ORAY, SHARON A 15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. TITLE ORAY, SHARON A 16. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. TITLE ORAY, SHARON A 17. SHARON A 18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. TITLE ORAY, SHARON A 18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. TITLE ORAY, SHARON A 18. ADDITIONS/CHAN | | | | | | | 10. N | lame and Address | of New I | Registered | Agent | |
| 10-10 BELLE RIVE BLVD, #901 JACKSONVILLE FL 32256 11. Pursuant to the provisions of Sections 807,0502 and 807,1508. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its 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 directors. I hereby accept the appointment as registered agent, and but the provisions of Section 607,0505, Provide Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered office or registered agent, or both, in the State of Florida, Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered directors. I hereby accept the appointment as registered agent and the | | | | 81 | N | ame | | | | | | |
| JACKSONVILLE FL 32256 88 City | | | | | | troot Addro | ross (D.C | Nov Number is No | t Accent | ahle) | | |
| ### City ### ### #### ####################### | · | | | | Substitution of the receptable | | | | | | | |
| ### Pressuant 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 agent, and familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. ### SIGNATURE The composition of protein agent and many agent and the variety of the obligations of, Section 607.0505, Florida Statutes. The composition of protein agent and many agent and the variety of the obligations of, Section 607.0505, Florida Statutes. The composition of protein agent agent and the variety of the obligations of, Section 607.0505, Florida Statutes. The composition of protein agent a | JACKSONVILLE FL 32256 | | | 83 | | | | | | 13. | 1 133. | 1000 |
| ### Price provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, and familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. ### Signature | | | | - | ļ., | | | | | | leel we | (1) (1) (7) (2) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1 |
| office or registered agent, or both, in the State of Fiorda. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, and attention of 2056, Frontal Statutes. SIGNATURE | | | | 84 | 0 | ity | | | | FL | 85 Zip | Code |
| office or registered agent, or both, in the State of Fiorda. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, and attention of 2056, Frontal Statutes. SIGNATURE | 11. Pursuant i | to the provisions of Sections 607.050. | 2 and 607,1508, Florida Statutes | the abov | e-na | med corpo | oration s | ubmits this statemer | nt for the | purpose of | changing its | registered |
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| Superium, Speed or privated marred or Trepiscative de approis agent em minimatriante (NOTE Resillation de Aponts agent au marchiante (NOTE Resillation de Aponts agent au marchiante) 12 | | п тапинат with, ано ассерт the obliga | ions of occion our looks, Floric | sa Giailules | | | | | | | | |
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| indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as it made under oath; that it am an officer or director of the comporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in | 14 I hereby o | ertify that the information supplied wi | th this filing does not qualify for t | he exempt | tion : | stated in Se | Section 1 | 19.07(3)(i). Florida 5 | Statutes. | I further ce | rtify that the | information |
| officer or director of the corporation of the receiver of trustee empowered to execute this report as required by Chapter 507, 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. | indicated | on this annual report or supplemental | annual report is true and accura | ate and tha | at my | / signature | e shall ha | ave the same legal e | entect as | it made und | ier oatn; tnat | ıaman |
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FILED

Feb 15, 1999 8:00am

Secretary of State

02-15-1999 90043 038 ***150.00

DO NOT WRITE IN THIS SPACE

Applied For

\$8.75 Additional

Fee Required

Not Applicable

3. Date incorporated or Qualifed

5. Certifcate of Status Desired

09/10/1997 4. FEI Number

65-0779544