

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # **P97000082023**

1. Corporation Name

RAE BAR INVESTMENTS INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

99 SEP 27 PM 12:42



Principal Place of Business

798 SE ATLANTIC AVE
PORT ST LUCIE FL 34983

Mailing Address

532 SE THORNHILL DR
PORT ST LUCIE FL 34983
**1740 SE Clearmont
Port St Lucie FL
34983**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 **1740 SE Clearmont St.**
Suite, Apt. #, etc.

2a. Mailing Address

26 **1740 SE Clearmont St.**
Suite, Apt. #, etc.

22 City & State

23 **Port St. Lucie, FL**

27 City & State

28 **Port St. Lucie, FL**

24 Zip

25 **34983** Country **USA**

29 Zip

30 **34983** Country **USA**

3. Date Incorporated or Qualified

09/22/1997

4. FEI Number

65-0758905

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 the current year
Intangible Personal Property. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

PERRY, BARBARA
532 SE THORNHILL DR
PORT ST LUCIE FL 34983

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	P	<input type="checkbox"/> DELETE
NAME	PERRY, PAMELA R	
STREET ADDRESS	798 SE ATLANTIC AVE	
CITY-STATE-ZIP	PORT ST LUCIE FL 34983	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Perry, Pamela R	
1.3 STREET ADDRESS	1740 SE Clearmont St.	
1.4 CITY-STATE-ZIP	Port St. Lucie FL 34983	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-STATE-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-STATE-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-STATE-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-STATE-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-STATE-ZIP		

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****550.00 ****550.00

9/29/99

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: **Pamela R Perry**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/20/99 **561-871-2783**
Date Daytime Phone #

0109871

CR2E034 (5/99)