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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000097573

 Corporation 	n Name							
RAYA'S	SERVICE CENTER, INC.							
						1 (#6)(66) ((# 18)() (89)(#8)() 68()(#8)() 51()6 (#		
Principal Place of Business Mailing Address						(44)(44) (10 (4))(104)(44)(44)(44)(44)(44)(44)(44)(
7115 EDGEWATER DRIVE 7115 EDGEWATER DRIVE								
ORLANDO FL 32810-4144 ORLANDO FL 32810-4144						DO NOT WORK IN THE	D. 1. O.F.	
us us						DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed		
						11/15/1997		
Principal Place of Business Za. Mailing Address						4. FEI Number	_ _	pplied For
21		26				59-3481994		ot Applicable
Suite, Apt	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	7	Additional
22		27				3. Serimente el ciatas 255/102		equired
City & State City & State						6. Election Campaign Financing		May Be
23 28						Trust Fund Contribution	Added	to Fees
Zip	Country	Zip	Country			8. This corporation owes the current year Intar		
24	25		30	,		Tersorial Froperty Tux.	Yes	No
Name and Address of Current Registered Agent				24		10. Name and Address of New Registered A	gent	
DAV	CONCTANCE			81	Name			1
	RAYA, CONSTANCE			82 :	Street Addre	ess (P.O. Box Number is Not Acceptable)		
7201 BELASCO AVE.				$oxed{oxed}$				
URD	ANDO FL 32810			83				ļ
				84	City	و شنق	85 Zip	Code
					•	<u> </u>		
office or t	to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida. Such change was au	uthorized	ı DV th	named corpo e corporatio	oration submits this statement for the purpose of con's board of directors. I hereby accept the appoint	nanging its ment as re	registered gistered
SIGNATURE			_					
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered				Agent si	ignature required	d when reinstating) DATE		000 111 40
12.		D DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AND	Change	Addition
TITLE	•		1.1 TIT				ondrigo	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
NAME	1		1.2 NA					
STREET ADDRESS	·			TREET AL	ļ.			ļ
CITY-ST-ZIP				TY-ST-Z	ZIP		Change	☐ Addition
TITLE			2.1 TF				_ Criange	
NAME	RAYA, EDMOND E		2.2 NA					
STREET ADDRESS	7201 BELASCO AVENUE		2.3 STREE					
CITY-ST-ZIP	-		_	ity-\$t-2	ZIP		Change	Addition
TITLE		☐ DELETE	3.1 TITLE		}		□l Ougude	
NAME			3.2 NAME		ļ			
STREET ADDRESS			3.3 57	TREETAL	DORESS			
CITY-ST-ZIP			3.4. CITY-		ZIP			C • +4%; -
TITLE		☐ DELETE	4 1 TF	TLE			Change	Addition
NAME			4.2 N	IAME	}			
STREET ADDRESS			4.3 51	TREET AL	DDRESS			
CITY-ST-ZIP				TY-ST-Z	ZIP			
TITLE		☐ DELETE	5.1 10	TLE			Change	☐ Addition

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.

5.2 NAME

6.1 TITLE

6.2 NAME

DELETE

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

SIGNATURE:

NAME

TITLE

NAME

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

Addition

Change