

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).

FILED
Jul 08, 1999 8:00 am
Secretary of State

07-08-1999 90035 048 ***550.00

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PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # P97000103730

1. Corporation Name

RAE, INC.



Principal Place of Business: 4840 S. U.S. HIGHWAY ONE FORT PIERCE FL 34982
 Mailing Address: 4840 S. U.S. HIGHWAY ONE FORT PIERCE FL 34982

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/09/1997

4. FEI Number: 65-0800070 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

2a. Mailing Address: 26 Suite, Apt. #, etc.: 27 City & State: 28 Zip: 25 Country: 29

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

STRZYKALSKI, RONALD E
 4840 S. U.S. HIGHWAY ONE
 FORT PIERCE FL 34982

81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 83
 84 City: FL 85 Zip Code

I, 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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
12.1 TITLE: VP	12.2 NAME: STRZYKALSKI, EDWARD	12.3 STREET ADDRESS: 1631 SEAWAY DRIVE	12.4 CITY-ST-ZIP: FT. PIERCE FL 34949
<input checked="" type="checkbox"/> DELETE		13.1 TITLE: VP	13.2 NAME: DICKERSON, TRACY
		13.3 STREET ADDRESS: 4760 8th Place	13.4 CITY-ST-ZIP: Vero Beach, FL 32966
<input type="checkbox"/> DELETE		13.1 TITLE: President, Sec, Treasurer	13.2 NAME: STRZYKALSKI, RONALD
		13.3 STREET ADDRESS: 4541 WHISPERING PINES LANE	13.4 CITY-ST-ZIP: Ft Pierce, FL 34982
<input type="checkbox"/> DELETE		13.1 TITLE:	13.2 NAME:
		13.3 STREET ADDRESS:	13.4 CITY-ST-ZIP:
<input type="checkbox"/> DELETE		13.1 TITLE:	13.2 NAME:
		13.3 STREET ADDRESS:	13.4 CITY-ST-ZIP:
<input type="checkbox"/> DELETE		13.1 TITLE:	13.2 NAME:
		13.3 STREET ADDRESS:	13.4 CITY-ST-ZIP:

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: Ronald Strzykowski RONALD STRZYKALSKI Date: 7/1/99 Daytime Phone #: 561 467 0900

CR2E034 (5/99)