PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STAGE Katherine Harris

FILED
May 05, 1999 8:00 am
Secretary of State
05-05-1999 90223 029 ***158.75

Secretary of State
DIVISION,OF CORPORATIONS

	1333								
DOCUM	MENT # P98000								
1. Corporation	Name								
RAS ENGINEERS AND CONSULTANTS, INC.					1 14 D 11 D 27 11 D 13 15 1 P\$(1) \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	AND PAUN 1116 1	LIANA MANA I	1 888	
Principal Place	of Business			, , , , , , , , , , , , , , , , , , , ,					
10400 SW:153RD CT, STE 8 10400 SW:153RD CT, STE 8 MIAM1 FL 33196 MIAM1 FL 33196									
1396 1011 11 11 11 11 11 11 11 11 11 11 11 1				-=	DO.NOT WRITE IN THIS SPACE				į
Belly 2003, 16 37626 Herry a co, 66 3					3. Date Incorporated or Qualified 01/09/1998				Į
•	ace of Business	2a. Mailing Address 26 P.O. BOX 221 230			4 FEI Number Applied For				ĺ
21 134	+6 POLK ST.			230	52-207257		Not \$8.75 A	Applicable	ĺ
Suite, Apt. #	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	x '	Fee Re		ĺ	
City & State		City & State			-6. Election Campaign Financing -\$5.00 May Be				
23 HUL	ywood, he	Zip Country		Trust Fund Contribution Added to Fees					
Zip 336	OW S	Zip 330 2Z 30 Country		 This corporation owes the current Personal Property Tax. 	-	Yes	≥ √√		
9. Name and Address of Current Registered Agent					10. Name and Address of New Reg	istered Age	ent		
CINANDCIAL EQUINIDATIONIC INC				Name					i
FINANCIAL FOUNDATIONS, INC. 2843 THAXTON DR, STE 37				Street Add	ress (P.O. Box Number is Not Acceptable))			
	A HARBOR FL 34684		83	-					ĺ
			84	City			85 Zip C	Code	
		1 007 4500 Florida Statutan	thu about	2 2224 507	poration submits this statement for the pur	FL mose of cha	anging its.	registered	_
11. Pursuant to the provisions of Sections 607:0502 and 607:4608, Floride Statutos, 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.									
1	m tamiliar with, and accept the oonge	10115 OI, GEODGI GOV.GOSO, F		•					1
SIGNATURE	Signature, typed or printed name of registered ager	ed when reinstating) ADDITIONS/CHANGES TO OFFICE	DATE ERS AND I	DIRECTO	RS IN 12	(11/00)			
12.	OFFICERS AN	D DELETE	13.	$\overline{}$	ADDITIONAL PROPERTY OF THE		Change	Add tion	=
NAME			12 NAME	j					25034
STREET ADDRESS	19400 GW 153RD CT, STE 8			TADDRESS					200
CITY-ST-ZIP	MANIFE 93196 - NEWY	DELETE	1.4 C/TY-S 2.1 TITLE	ST-ZIP			Change	Addition	5
TITLE NAME			22 NAME	ł					1
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CITY-ST-ZIP			2.4 CITY-1	ST-ZIP			Change	Addition	
TITLE NAME			3.2 NAME						j
STREET ADDRESS	338		3.3 STREE	T ADORESS -		- -	~ -		
CITY-ST-ZIP				ST-ZIP] Change	Addition	
TITLE NAME			4.1 TITLE 4.2 NAME		-	_		-	
STREET ADDRESS	120			T ADDRESS					ĺ
CITY-ST-ZIP		Floriett	4.4 CITY-5	ST-ZIP			7 Change	Addition	
TITLE		☐ DELETE	5.1 TITLE 5.2 NAME			_			
STREET ADDRESS			5.3 STREE	TADDRESS					
CITY-ST-ZEP			5.4 CITY-5				7 Change	Addition	1
TITLE		☐ DELETE	6.1 TITLE 6.2 NAME			L	_ ouendo	L. J. Spanick	
NAME STREET ADDRESS	6300			TADORESS					
1.	i a.		6.4 CITY-5	ST-ZIP		41	that the !-	-formation	j
14. I hereby of	certify that the information supplied wi	th this filing does not qualify for the annual eport is true and accurate	exemp and the	tion stated in at my signatur	Section 119.07(3)(i), Florida Statutes. I fure shall have the same legal effect as if m	nner ceruly ade under c	mai ine in ath; that l	am an	
14. I hereby certify that the information subplied 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 suppliemental annual leport 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 tripstee impowered to execute this report as required by Chapter 807. Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or for an attachment with an address, with all other like empowered.									
	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	AMBIEVVVV COLI	RF	D	4/25/99 19	54)9	23-	7081	
SIGNAT	URE: SIGNATURE AND TYPED OF	PRINTED NAME OF BIGNING OFFICER OR	DIRECTOR	<u>حمه</u>	Date	Dwyten	ne Phone #		_
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