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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State ISION OF CORPORATIONS

FILED May 07, 1999 8:00 am Secretary of State

05-07-1999 90147 026 ***150.00

1999	WE WE TO	DIVI
DOCUMENT #	P980000097	17

1.	Corporation		JUS/ I	<i>'</i>									
	RAYFLE	K, INC.											
P	rincipal Plac	e of Business	Mailing Add	Iress				-		1904 BOTH WOM B			11011 (BBL 108)
507 C-4 SEA OATS DRIVE 507 C-4 SEA OATS DRIVE JUNO BEACH FL 33408 JUNO BEACH FL 33408						20.44	OT 14/5	NTE IN THIS	2040				
								3. Date incorporated or 0		RITE IN THIS :	SPAC	E	
								1 '	tuamec	ı			
2.	Principal P	lace of Business	2a. Mailing	Address				01/29/1998 4. FEI Number			~	Anr	olied For
21			26					80-50	10	993	r		Applicable
	Suite, Apt.	#, etc.	Suite, A	pt. #, etc.			Ar view	5. Certificate of Status De	eired		\$8	.75 A	dditional
22	•		27					3. Certificate of Status De		<u></u>	_ F	ee Red	quired
	City & Stat	e	City & S	itate				6. Election Campaign Fin	-		•		May Be
23	7:-	Country	28 Zip		Count			Trust Fund Contributio				dded to	Fees
24	Zip	Country 25	29	3		uу		8. This corporation owes Personal Property Tax		rrent year Inta	ngible []] Ye		□No
24		9. Name and Address of Current			, ,,			10. Name and Address of		Registered A			
<u> </u>		1			8	31	Name			· · · · · · · · · · · · · · · · · · ·			
ļ		ha, raymond g			9	32	Stroet Addre	ess (P.O. Box Number is Not	Accen	table)			
1		C-4 SEA OATS DRIVE			Ĺ	"	Olloot Addic		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
	JUN	O BEACH FL 33408			8	33	· -						
•					8	34	City				85	Zip C	ode
							•			<u>FL</u>]		
	office or r	to the provisions of Sections 607.0502 egistered agent, or both, in the State o m famillar with, and accept the obligati	f Florida. Such o	change was auti	horized b	oy ti	-named corpo he corporation	oration submits this statemen n's board of directors. I herel	y acce	ept the appoin	tment	as reg	istered
	IGNATURE	Signature, typed or printed name of registered agent	and title if applicable.	(NOTE: R		gent	signature required			DATE			
12		OFFICERS AND			13.			ADDITIONS/CHANGES	TO OF	FFICERS AND			
TIT		D	l	☐ DELETE	1.1 TITLE						☐ Ct	nange	☐ Addition
NA		KUSHA, RAYMOND G			1.2 NAME								
	REET ADDRESS	507 C-4 SEA OATS DRIVE			1		ADDRESS						
CIT 7IT	Y-ST-ZIP	JUNO BEACH FL 33408		DELETE	1.4 CITY- 2.1 TITLE		ZIP				□ Ch	ange	Addition
NA		D Kusha, Sharon L	,		2.2 NAME								_
1	REET ADDRESS	507 C-4 SEA OATS DRIVE			2.3 STRE	EET A	ADDRESS						
J	Y-ST-ZIP	JUNO BEACH FL 33408			2. 4 CITY								
TIT	LE			DELETE	3.1 TITLE	=					Cr	ange	Addition
NA	ME				3.2 NAME	Ε	İ						
ST	REET ADDRESS				33 STRE	EET A	ADDRESS						
СП	Y-ST-ZIP				3.4. CITY		-ZIP				-		
TIT	ᄕ		ļ	DELETE	4.1 TITLE		-				□ Cr	ange	Addition
1	ME				4. 2 NAM								
	REET ADDRESS						ADORESS						
-	Y-ST-ZIP			DELETE	4.4 CITY- 5.1 TITLE		ZIP					ange	Addition
TIT NA	ME		•		5.2 NAME		1				ال ال		
	ME REET ADDRESS						ADDRESS					-	l
	Y-ST-ZIP				5.4 CITY-								
- Ci1				DELETE	61 T/D E			<u></u>			Flor	ango	Addition

6.4 CITY-ST-ZIP CITY-ST-ZIP 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 preciver of 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.

6.2 NAME

6.3 STREET ADDRESS

SIGNATURE:

NAME

STREET ADDRESS