

OND 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

**FILED**  
**Sep 10, 1999 8:00 am**  
**Secretary of State**

09-10-1999 90009 024 \*\*\*150.00

DOCUMENT # **P98000018323**

Corporation Name  
**RAF-IKS, INC.**

614225 - 90009 - 24



Principal Place of Business  
**REFLECTIONS BOULEVARD WEST**  
**SE FL 33351**

Mailing Address  
**10040 REFLECTIONS BOULEVARD WEST**  
**#203**  
**SUNRISE FL 33351**

DO NOT WRITE IN THIS SPACE

Principal Place of Business  
**10705 NW 20th Drive**

Suite, Apt. #, etc.  
**203**

City & State  
**Coral Springs, FL**

Zip  
**33071**

Country  
**USA**

2a. Mailing Address  
**10705 NW 20th Drive**

Suite, Apt. #, etc.  
**203**

City & State  
**Coral Springs, FL**

Zip  
**33071**

Country  
**USA**

3. Date Incorporated or Qualified  
**02/25/1998**

4. FEI Number  
**65-0917323**

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

**GARBER, ADAM**  
**10040 REFLECTIONS BLVD. WEST**  
**NO. 203**  
**SUNRISE FL 33351**

10. Name and Address of New Registered Agent

81 Name  
**Garber, Adam**

82 Street Address (P.O. Box Number is Not Acceptable)  
**10705 NW 20th Drive**

83

84 City  
**Coral Springs**

85 Zip Code  
**FL 33071**

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.

NATURE **Adam Garber**  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE  
**9/1/99**

OFFICERS AND DIRECTORS

|           |  |                                 |
|-----------|--|---------------------------------|
| T-ADDRESS | PD<br><b>GARBER, ADAM</b><br><b>10040 REFLECTIONS BOULEVARD WEST</b><br><b>SUNRISE FL 33351</b>    | <input type="checkbox"/> DELETE |
| T-ADDRESS | SVTD<br><b>GARBER, SAEDA</b><br><b>10040 REFLECTIONS BOULEVARD WEST</b><br><b>SUNRISE FL 33351</b> | <input type="checkbox"/> DELETE |
| T-ADDRESS |  | <input type="checkbox"/> DELETE |
| T-ADDRESS |  | <input type="checkbox"/> DELETE |
| T-ADDRESS |  | <input type="checkbox"/> DELETE |
| T-ADDRESS |  | <input type="checkbox"/> DELETE |

|   |  |
|---|--|
| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.1 TITLE   | <b>PD</b>  |
| 1.2 NAME  | <b>Garber, Adam</b>  |
| 1.3 STREET ADDRESS                                    | <b>10705 NW 20th Drive</b>   |
| 1.4 CITY-ST-ZIP                                       | <b>Coral Springs, FL 33071</b>   |
| 2.1 TITLE   | <b>SVTD</b>  |
| 2.2 NAME  | <b>Garber, Saeda</b>   |
| 2.3 STREET ADDRESS                                    | <b>10705 NW 20th Drive</b>   |
| 2.4 CITY-ST-ZIP                                       | <b>Coral Springs, FL 33071</b>   |
| 3.1 TITLE   |  |
| 3.2 NAME  |  |
| 3.3 STREET ADDRESS                                    |  |
| 3.4 CITY-ST-ZIP                                       |  |
| 4.1 TITLE   |  |
| 4.2 NAME  |  |
| 4.3 STREET ADDRESS                                    |  |
| 4.4 CITY-ST-ZIP                                       |  |
| 5.1 TITLE   |  |
| 5.2 NAME  |  |
| 5.3 STREET ADDRESS                                    |  |
| 5.4 CITY-ST-ZIP                                       |  |
| 6.1 TITLE   |  |
| 6.2 NAME  |  |
| 6.3 STREET ADDRESS                                    |  |
| 6.4 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 in 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.

GNATURE: **Adam Garber** REQUIRED

9/1/99

(954) 341-0203

CR2E034 (5/99)

**je-raf-iks, Inc.**

10705 NW 20<sup>th</sup> Drive  
Coral Springs, FL 33071

P980000018323  
614225-90009-24

September 7, 1999

Annual Reports Filings  
Division of Corporations  
P.O. Box 1500  
Tallahassee, FL 32302-1500


Subject: Annual Report Filing

To Whom It May Concern:

Enclosed please find the 1999 Profit Corporation Annual Report for je-raf-iks, Inc. as well as a check for \$150.00.

The packet that I received was marked 2<sup>nd</sup> NOTICE, but I never received the 1<sup>st</sup> NOTICE. When I spoke with a representative at your office, she told me to write this letter explaining the situation and to enclose a check for \$150.00. Thank you for your assistance. Please feel free to contact me at (954) 341-0203 with any questions or if additional information is required.

Thank you,

  
Adam J. Garber  
President