


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

**FILED**  
**Jun 19, 1999 8:00 am**  
**Secretary of State**

06-19-1999 90003 033 \*\*\*550.00

PROFIT CORPORATION ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # <u>P98000018371</u> ✓			
1. Corporation Name <u>AFTER THE RAIN INC</u>			
Principal Place of Business <u>8736 NW 136 Ave Rd.</u> <u>Ocala FL 34482-1708</u>		Mailing Address <u>8736 NW 136 Ave Rd.</u> <u>Ocala FL 34482-1708</u>	
2. Principal Place of Business 21 <u>8736 NW 136 Ave Rd</u>		2a. Mailing Address 26 <u>8736 NW 136 Ave Rd</u>	
22 <u>OC</u> Suite, Apt. #, etc.		27 <u>STAME</u> Suite, Apt. #, etc.	
23 <u>Ocala FL</u> City & State		28 <u>F</u> City & State	
24 <u>34482</u> 25 <u>USA</u> Zip Country		29 <u></u> 30 <u></u> Zip Country	
3. Date Incorporated or Qualified <u>2/24/98</u>		4. FEI Number <u>650825323</u>	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
7. This corporation owes the current year intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No		8. This corporation owes the current year intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent <u>LANCE SCHENKER</u> <u>Robert Collins</u> <u>824 Highland St</u> <u>Sarasota FL 34234</u>		10. Name and Address of New Registered Agent 81 Name <u>LANCE SCHENKER</u> 82 Street Address (P.O. Box Number is Not Acceptable) <u>8736 NW 136 Ave Rd.</u> 83 <u></u> 84 City <u>Ocala</u> <u>FL</u> 85 Zip Code <u>34482</u>	
11. 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 <u>[Signature]</u> 6/12/99 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <u>President Director</u> <input checked="" type="checkbox"/> DELETE	NAME <u>Susan Row</u>	1.1 TITLE <u>President</u> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME <u>Patricia Schenker</u>
STREET ADDRESS <u>824 Highland St.</u>	CITY-ST-ZIP <u>Sarasota FL 34234</u>	1.2 NAME <u>Patricia Schenker</u>	1.3 STREET ADDRESS <u>8736 NW 136 Ave Rd.</u>
TITLE <u>Sec/treas</u> <input checked="" type="checkbox"/> DELETE	NAME <u>Robert Collins</u>	1.4 CITY-ST-ZIP <u>Ocala FL 34482-1708</u>	2.1 TITLE <u>LANCE SCHENKER</u> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <u>824 Highland St</u>	CITY-ST-ZIP <u>Sarasota FL 34234</u>	2.2 NAME <u>Sec/treas</u>	2.3 STREET ADDRESS <u>8736 NW 136 Ave Rd.</u>
TITLE <u></u> <input type="checkbox"/> DELETE	NAME <u></u>	2.4 CITY-ST-ZIP <u>Ocala FL 34482-1708</u>	3.1 TITLE <u></u> <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <u></u>	CITY-ST-ZIP <u></u>	3.2 NAME <u></u>	3.3 STREET ADDRESS <u></u>
TITLE <u></u> <input type="checkbox"/> DELETE	NAME <u></u>	3.4 CITY-ST-ZIP <u></u>	4.1 TITLE <u></u> <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <u></u>	CITY-ST-ZIP <u></u>	4.2 NAME <u></u>	4.3 STREET ADDRESS <u></u>
TITLE <u></u> <input type="checkbox"/> DELETE	NAME <u></u>	4.4 CITY-ST-ZIP <u></u>	5.1 TITLE <u></u> <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <u></u>	CITY-ST-ZIP <u></u>	5.2 NAME <u></u>	5.3 STREET ADDRESS <u></u>
TITLE <u></u> <input type="checkbox"/> DELETE	NAME <u></u>	5.4 CITY-ST-ZIP <u></u>	6.1 TITLE <u></u> <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <u></u>	CITY-ST-ZIP <u></u>	6.2 NAME <u></u>	6.3 STREET ADDRESS <u></u>
TITLE <u></u> <input type="checkbox"/> DELETE	NAME <u></u>	6.4 CITY-ST-ZIP <u></u>	6.4 CITY-ST-ZIP <u></u>

SIGNATURE: [Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/12/99 352 351 3630  
Date Daytime Phone #

CR2E034 (11/98)