

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # P98000020747

1. Corporation Name
THE RAJAN ASSOCIATION, INC.

FILED

99 NOV 16 AM 11:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business

5221 MARSHFIELD LANE
SARASOTA FL 34235

Mailing Address

5221 MARSHFIELD LANE
SARASOTA FL 34235

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

03/04/1998

4. FEI Number

59-3497822

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be

Trust Fund Contribution

8. This corporation owes the current year Intangible
Personal Property Tax.

☐

Yes

☒ No

9. Name and Address of Current Registered Agent

VERHEUL, JAN D
5221 MARSHFIELD LANE
SARASOTA FL 34235

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

12.1 NAME

12.2 STREET ADDRESS

12.3 CITY-ST-ZIP

12.4 TITLE

12.5 NAME

12.6 STREET ADDRESS

12.7 CITY-ST-ZIP

12.8 TITLE

12.9 NAME

12.10 STREET ADDRESS

12.11 CITY-ST-ZIP

12.12 TITLE

12.13 NAME

12.14 STREET ADDRESS

12.15 CITY-ST-ZIP

12.16 TITLE

12.17 NAME

12.18 STREET ADDRESS

12.19 CITY-ST-ZIP

12.20 TITLE

12.21 NAME

12.22 STREET ADDRESS

12.23 CITY-ST-ZIP

12.24 TITLE

12.25 NAME

12.26 STREET ADDRESS

12.27 CITY-ST-ZIP

12.28 TITLE

12.29 NAME

12.30 STREET ADDRESS

12.31 CITY-ST-ZIP

12.32 TITLE

12.33 NAME

12.34 STREET ADDRESS

12.35 CITY-ST-ZIP

12.36 TITLE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13.1 TITLE

13.2 NAME

13.3 STREET ADDRESS

13.4 CITY-ST-ZIP

13.5 TITLE

13.6 NAME

13.7 STREET ADDRESS

13.8 CITY-ST-ZIP

13.9 TITLE

13.10 NAME

13.11 STREET ADDRESS

13.12 CITY-ST-ZIP

13.13 TITLE

13.14 NAME

13.15 STREET ADDRESS

13.16 CITY-ST-ZIP

13.17 TITLE

13.18 NAME

13.19 STREET ADDRESS

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13.27 STREET ADDRESS

13.28 CITY-ST-ZIP

13.29 TITLE

13.30 NAME

13.31 STREET ADDRESS

13.32 CITY-ST-ZIP

13.33 TITLE

13.34 NAME

13.35 STREET ADDRESS

13.36 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 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)

Subject: The Rajan Association, Inc.
Ref. Number: P98000020747

Kathy Hyman
Document Specialist
Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Dear Ms. Hyman,

Thank you for our discussion last week. As you requested in your attached letter as well as in our phone conversation, I will attempt to better explain my health challenges. My first priority however, is to put this filing behind me. Therefore, I have enclosed the package that you sent me, which includes the original check for \$150.00. Also enclosed, is a new check for \$450.00 in case my situation does not warrant your waiver. Please forgive me if this causes you additional effort.

I have been diagnosed with a severe case of Ulcerative Colitis and Crohn's Disease. Over the past 12 months, I have been under the care of 4 different doctors. Leading up to my first hospital stay, I lost 45 pounds in just three months. This condition forced me to leave my position as a Vice President of Corporate Banking at Sun Trust Banks. Currently, the disease goes in and out of remission; however, I will beat it. Hopefully, this provides you with insight into my situation. Going forward, my condition should never negatively affect the filing of The Rajan Association, Inc.

Please accept my apologies for my tardiness as well as my lack of understanding protocol. Starting a new corporation as well as a new life has been exciting but also challenging. Thank you for your consideration.

Very Respectfully Submitted,



Raymond Verheul
The Rajan Association, Inc.
(941) 377-1719