(SELICATE (11/36)

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

PROFIT CORPORATION ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS DOCUMENT # P98000033099 RACK-EM-UP RODRACK, INC. FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State O2-24-1999 90111 041 ***150.00

RACK-EM-UP RODRACK, INC.						(100)100) 110 (010) 1811 0011 0011 0011 0011 0111 0111
Principal Place	e of Business	Mailing Address				
12850 S.W. 11 PL. 12850 S.W. 11 PL.						
DAVIE FL 33325 DAVIE FL 33325						
						DO NOT WRITE IN THIS SPACE
						3. Date Incorporated or Qualifed
						04/09/1998 4. FEI Number Applied For
⊢ '	Place of Business	2a. Mailing Address				4. FEI Number - Applied For Not Applicable
21						\$8.75 Additional
⊢ ¬						5. Certificate of Status Desired Fee Required
22 27 City & State City & State						C. Flactice Compaign Financing \$5.00 May Re
23						Trust Fund Contribution Added to Fees
Zip	Country	Zip	Coun	try		8. This corporation owes the current year Intangible
24	25	}	0			Personal Property Tax. ☐ Yes ☐ No
	9. Name and Address of Curre					10. Name and Address of New Registered Agent
			8	31	Name	
1	INS, ROY A		ļ.	32	Street A	ddress (P.O. Box Number is Not Acceptable)
1285	50 S.W. 11 PL.			-	Olleet Ac	dures (1.0. box realities in view bespector)
DAVI	IE FL 33325		8	33		
1		,	8	34	City	85 Zip Code
						FL 63 24 GOOD
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 age	· · · · · · · · · · · · · · · · · · ·	·	gent	signature req	quired when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
12.	OFFICERS AF	ND DIRECTORS	13.	E		Change Addition
TITLE		C Decere	1.2 NAM			P ' 1
NAME					ADDRESS	Roy A. Burns 12850 Scoll PL
STREET ADDRESS						DAVIE FL 33325
CITY-ST-ZIP TITLE		☐ DELETE	1.4 CITY 2.1 TITL			Sec. T Change Addition
			2.2 NAM		٦	
NAME					ADDRESS	CRYSTAL K. BURNS
STREET ADDRESS			2.4 CIT			12850 SW 11 PL DAVIE FL 33725
CITY-ST-ZIP		☐ DELETE	3,1 TITL		·ZIP	Change Addition
NAME			3.2 NAM			
STREET ADDRESS					ADDRESS	
CITY-ST-ZIP			3.4. CITY			
TITLE			4.1 TITL			☐ Change ☐ Addition
NAME			4. 2 NAN	Æ		
STREET ADDRESS					ADDRESS	
CITY-ST-ZIP			4.4 CITY		1	
TITLE			51 TITL			☐ Change ☐ Addition
NAME			5.2 NAM	E		
STREET ADDRESS			5.3 STR	EET /	ADDRESS	·
CITY-ST-ZIP			5.4 CITY	'-ST-	- ZiP	
TITLE		☐ DELETE	6.1 TITL	Ε		☐ Change ☐ Addition
NAMÉ			6.2 NAM	E		·
STREET ADDRESS			6.3 STR	EET #	ADDRESS	

6.4 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 DIRECTOL

1/8/99 (95A)472-3849