


SECOND 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).

012288X

FILED
Aug 30, 1999 8:00 am
Secretary of State

08-30-1999 90012 004 ***558.75

PROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P98000068124					
1. Corporation Name RASCALS KENDALL INC.					
Principal Place of Business 899 MOUNTAIN AVENUE SUITE 1B SPRINGFIELD NJ 07081			Mailing Address 899 MOUNTAIN AVENUE SUITE 1B SPRINGFIELD NJ 07081		



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 8505 Mills Drive		2a. Mailing Address 26		3. Date Incorporated or Qualified 08/04/1998	
Suite, Apt. #, etc. 22 Suite R2		Suite, Apt. #, etc. 27		4. FEI Number 58-2406735	
City & State 23 Miami, FL		City & State 28		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
Zip 24 33183		Country 25 USA		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent WALK, GARY ESO 500 SOUTH AUSTRALIAN AVENUE, 10TH FLOOR WEST PALM BEACH FL 33401		10. Name and Address of New Registered Agent		8. This corporation owes the current year Intangible Personal Property. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
81 Name		82 Street Address (P.O. Box Number is Not Acceptable)		83	
84 City		85 Zip Code		FL	

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RODRIGUEZ, ED	1.2 NAME	
STREET ADDRESS	899 MOUNTAIN AVENUE SUITE 1B SPRINGFIELD NJ 07081	1.3 STREET ADDRESS	
CITY		1.4 CITY-ST-ZIP	
STATE	D <input type="checkbox"/> DELETE	2.1 TITLE	Secretary / Treasurer <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAGNUS, MARK	2.2 NAME	mark magnusson
STREET ADDRESS	899 MOUNTAIN AVENUE SUITE 1B SPRINGFIELD NJ 07081	2.3 STREET ADDRESS	
CITY		2.4 CITY-ST-ZIP	
STATE	<input type="checkbox"/> DELETE	3.1 TITLE	Vice President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	Dorfman, Andrew
STREET ADDRESS		3.3 STREET ADDRESS	8505 Mills Drive, Suite R2
CITY		3.4 CITY-ST-ZIP	Miami, FL 33183
STATE	<input type="checkbox"/> DELETE	4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY		4.4 CITY-ST-ZIP	
STATE	<input type="checkbox"/> DELETE	5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY		5.4 CITY-ST-ZIP	
STATE	<input type="checkbox"/> DELETE	6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY		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 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.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/99)