

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # S08633

(7)

1. Corporation Name

RAJAY'S INC.



Principal Place of Business

Mailing Address

12801 W SUNRISE BLVD
#211
SUNRISE FL 33323-2962

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#211
SUNRISE FL 33323-2962

3. Date Incorporated or Qualified
10/24/1990

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

25 Country

29 Zip

30 Country

4. FEI Number

65-0223776

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 has liability for intangible tax under s. 199.032,
Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BARDFELD, J.D. SKIP
6011 RODMAN STREET
HOLLYWOOD FL 33023

81 Name Martin R Mallinger Esq
82 Street Address (P.O. Box Number is Not Acceptable)
MARTIN R. MALLINGER P.A.
83 4800 N Federal Hwy D-207
84 City Boca Raton FL 85 Zip Code 33431

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 obligation of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature of current 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 D DELETE
NAME KASEN, RICHARD
STREET ADDRESS 1741 NW 93RD TERRACE
CITY-ST-ZIP PLANTATION FL

TITLE D DELETE
NAME GREEN, BARRY
STREET ADDRESS 1741 NW 93RD TERRACE
CITY-ST-ZIP PLANTATION FL

TITLE D DELETE
NAME BINKOW, ANN
STREET ADDRESS 1741 NW 93RD TERRACE
CITY-ST-ZIP PLANTATION FL

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE Change: Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP PLANTATION FL 33322

2.1 TITLE Change: Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP PLANTATION FL 33322

3.1 TITLE Change: Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP PLANTATION FL 33322

4.1 TITLE Change: Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE Change: Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE Change: Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date:

Daytime Phone #

CR2E034 (12/95)