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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

1. Corporation	MENT # <b>S2514</b> Name RAL SYSTEMS, INC.	40 (2)						
1149 PERIWINKLE 1145 STE. A STE		Mailing Address 1149 PERIWINKLE STE. A SANIBEL FL 33957	149 PERIWINKLE TE. A		3. Date incorporated or Qualified	3a. Date of Last		
						01/10/1991	09/21/1	
Principal Place of Business     Address     Address						4. FEI Number		Applied For
26						65-0265899   Not Applica \$8.75 Additiona		Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc. 27						5. Certificate of Status Desired	1 1 4	<b>5</b> Additional Beguired
City & State City & State						6. Election Campaign Financing	\$5.	<b>00</b> May Be
23	- ' '					Trust Fund Contribution Added to Fees		
Zip	Pip Country Zip		Country			8. This corporation has liability for intangible tax under s 199.032,		
4 25		29 30				Florida Statutes Yes No  10. Name and Address of New Registered Agent		
	9. Name and Address of Curre	ent Hegistered Agent		81	Name	10. Name and Address of New F	registered Agent	
HENNING, RHONDA 1149 PERIWINKLE WAY			L			treet Address (P.O. Box Number is Not Acceptable)		
				82	Street Addre			
SANIBEI	L FL 33957		[7	83				
			<u> </u>	84	City	ity 85 Zip Code		Zip Code
<ol> <li>Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes or registered agent, or both, in the State of Florida. Such change was authorized</li> </ol>							FL	
CICNATI IDE	h, and accept the obligations of, Se Signature, typed or printed name of registered age OFFICERS A	ent and the if applicable (N ND DIRECTORS		Agent	signature required	when reinstaing: ADDITIONS/CHANGES TO OFF		
TITLE	P DELETE		1. 1 TITLE				☐ Change	e 🔲 Addition
NAME	NAUMANN, JOHN		1.2 NA	STREET ADDRESS				
STREET ADDRESS	1149 PERIWINKLE WAY SANIBEL FL 33957							
CITY - ST - ZIP TITLE	S S	☐ DELETE	1.4 C/T 2. 1 T/T		- ZIP		Change	e
NAME	KRIVAS, KATHY			2 NAME			ي ماده	
STREET ADDRESS	2427 PERIWINKLE			2 3 STREET ADDRESS				
CITY-ST-ZIP	SANIBEL FL 33957	i :		24 CITY-ST-ZIP				
TITLE		☐ DEFELE		L.E			☐ Chang	e 🔲 Addition
NAME			3.2 NAME					
STREET ADDRESS					ADDRESS			
CITY - ST - ZIP		DELETE	3 4 CH		1 - ZIP		[ ] Chang	e Addition
		I I DECETE	4 1 111	LL				
TITLE		_	4.2 844	ME				
NAME			4.2 NAI 4.3 STE		ADDRESS			
NAME STHEET ADDRESS		_		EET#	ADDRESS I - ZIP			
NAME		☐ DELETE	4.3 STF	EET A			☐ Chang	e 🔲 Addition
NAME STHEET ADDRESS CITY-ST-ZIP		_	4.3 STF 4.4 CIT	REET A Y-ST ILE		<del></del>	Chang	e 🔲 Addition
NAME STHEET ADDRESS CITY-ST-ZIP TITLE		_	4.3 STF 4.4 CIT 5 1 TIT 5 2 NAI	EET A Y-ST ILE ME			Chang	e 🔲 Addition
NAME STHEEL ADDRESS CITY-ST-ZIP TITLE NAME STREEL ADDRESS CITY-ST-ZIP		☐ DELETE	4.3 STF 4.4 CIT 5 1 TIT 5 2 NAI 5.3 STF 5.4 CIT	Y-ST ILE ME REET A Y-ST	ADDRESS			
NAME STHEEL ADDRESS CITY-ST-ZIP TITLE NAME STREEL ADDRESS CITY-ST-ZIP TITLE		_	4.3 STF 4.4 CIT 5 1 TIT 5 2 NAI 5.3 STF 5.4 CIT 6 1 TIT	Y-ST LE ME REET A Y-ST	ADDRESS		Chang Chang	
NAME STHEEL ADDRESS CITY-ST-ZIP TITLE NAME STREEL ADDRESS CITY-ST-ZIP TITLE NAME		☐ DELETE	4.3 STF 4.4 CIT 5 1 TIT 5 2 NAI 5.3 STF 5.4 CIT 6 1 TIT 62 NAI	Y-ST Y-ST ILE ME REET A Y-ST ILE	I-ZIP  ADDRESS I-ZIP			
NAME STHEEL ADDRESS CITY-ST-ZIP TITLE NAME STREEL ADDRESS CITY-ST-ZIP TITLE		☐ DELETE	4.3 STF 4.4 CIT 5 1 TIT 5 2 NAI 5.3 STF 5.4 CIT 6 1 TIT 62 NAI	Y-ST ILE ME REET A Y-ST ILE ME REET A	I-ZIP  ADDRESS I-ZIP  ADORESS			

cally that the information inforcated on this similar report of the composition of the receiver of 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 chapter, or on an attachment with an address.

SIGNATURE: John J. Naumann

4/11/96 Date

(941) 472-3121

Daytime Phone #

CR2E034 (12/95)