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

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

POCUMENT # V13505

(5)

RAFFO DEVELOPMENT CORPORATION

Mailing Address

FILED

Apr 30 1997 8:00am

Secretary of State

3339 PATTIE PL PALM HARBOR FL 34685				3339 PATTIE PL PALM HARBOR FL 34695-2112									
						3. Date Incorporated or Qualified 02/10/1992		3a. Date of Last Report 05/01/1996		Report			
2. Principal Place of Business			28	2a. Mailing Address				4.	FEI Number	_	. 1		Applied For
21		26	···					59-3107283			Not Applicable		
Suite, Apt. #, etc.		27					5.	Certificate of St	atus Desired		\$8.75 Additional Fee Required		
City & State			28	City & State				6.	Election Campa Trust Fund Con		\$5.00 May Be Added to Fees		
Zip 24	2	Country 5	29	Zip	30	ountry	,	8.	This corporation			tax under 1 No	s. 199.032,
	9. Name a	nd Address of		stered Agent		T		10.	Name and Add				
RAF	FO, CHARLE	S E.				81	Name						
3339 PATTIE PL PALM HARBOR FL 34685						82	Street	Address (P	P.O. Box Number	is Not Acceptat	ole)		
1766		1 6 01000				83							
						84	City					85 Zir	Code
44 Discussion	to the manufact		27.00000	003.47.00 - 5151	Contract the						FL	1 1 1	
office or r	ro trie provisio	ns or Sections 6 nt, or both, in the	State of Flor	607.1508, Florida rida Such chang of, Section 607.0	e was authoriz	anov ed by	e-named / the cor	i corporatioi poration's E	n submits this st board of director	atement for the p s. I hereby acce	ourpose of of the appo	changing xintment <i>a</i>	its registered is registered
	am tamiliar witr	, ало ассері тк	onligations i	ot, Section 607.0	505, Florida St	atute	\$.			*			
SIGNATURE	Signature, typod or	parited name of regist	ered agont and til	le if applicable	(NO1L: Registe	red Age	nt signature	e required when	reinstating)		DATE		
12.		OFFICE	RS AND DIRE	T. 61. T. 5. 5. 5. 5. 5. 5. 5. 5. 5. 5. 5. 5. 5.	13	i.			ADDITIONS/CHA	NGES TO OFFIC			
TITLE	D			□ otr	FTE 1.1	TITLE						Change	Addition
NAME	RAFFO, C				1.2	NAME							
STREET ADDRESS	3339 PAT				1.3	STREE 1	ADDRESS						
CITY-ST-ZIP	PALM MAR	BOR FL 12				CHY-S	1 - 2IP						
TITLE				· ·		TOLE					İ	Change	☐ Addition
NAME						NAME							
	REET ADDRESS						ADDRESS						
CITY-ST-ZIP TITLE				DEL		CITY - ! TITLE	\$1-7IP	<u> </u>		 		Change	Addition
NAME					I	NAME						Ghange	L. AUGILION
STREET ADDRESS							ADDRESS						
CITY-ST-ZIP						OHY-S							
TITLE	·			DEL		TITLE	31.41/	 				Change	Addition
NAME						NAME					•		
STREET ADDRESS					4.3	STREET	ADDRESS						
CITY-ST-ZIP					4.4	CITY-S	I - 7IP						
TITLE				☐ D£L		TITLE						Change	Addition
NAME .					5.2	NAME							
STREET ADDRESS					5.3	STREET	AODRESS						
CITY-ST-ZIP		·			54	CITY-S	I - 7 P						
TITLE				☐ DEI	ETE 61	THUE						Change	Addition
NAME					62	NAME							1
STREET ADDRESS					63	STREET	ADDRESS						,

do 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