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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # V13505

RAFFO DEVELOPMENT CORPORATION

Principal Place	of Business	Mailing Address				<u> </u>			
3339 PATTIE PL		3339 PATTIE PL	3339 PATTIE PL PALM HARBOR FL 34685						
PALM HARBOR	FL 34685	PALM HARBOR FL 34685					DO NOT WRITE IN THIS SPACE		
							= IN THIS S	JEACE	
						3. Date Incorporated or Qualifed			1
						02/10/1992			
2. Principal Pl	ace of Business	2a. Mailing Address	2a. Mailing Address			4. FEI Number			plied For
21 }		26				59-3107283			t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.			5, Certificate of Status Desired		\$8.75 A	
22		27						Fee Re	
City & State		City & State	City & State			6. Election Campaign Financing		\$5.00	1
23		28				Trust Fund Contribution		Added t	o Fees
Zip	Country	Zip	Zip Country			8. This corporation owes the curre	nt year Inta	ingible	_
24	25	29	30		_	Personal Property Tax.	<u> </u>	Yes	No
	9. Name and Address of Cu	rrent Registered Agent				10. Name and Address of New Re	agistered A	\gent	
				81	Name)
RAFF	FO, CHARLES E		-	02	Chart Addro	as /B O. Box Number is Not Assental	اهاد		
3339	PATTIE PL		ļ	82	Street Addre	treet Address (P.O. Box Number is Not Acceptable)			
PALM	M HARBOR FL 34685		Ì	83					
			-	84	City			85 Zip (Code
					-		<u>FL</u>		
office or re	existered agent of both in the S	tate of Florida. Such change was au oligations of, Section 607.0505, Flori	tnonzea	DV I	ine comoration	oration submits this statement for the p n's board of directors. I hereby accept	the appoin	tment as re	gistered
SIGNATURE	District and an address of an alabara	d count and title if conficable (NOTE:	Registered /	Agent	l signature required	when reinstation)	DATE		——
12.	Signature, typed or printed name of registered agent and title if applicable. (NOTE: Reg OFFICERS AND DIRECTORS					ADDITIONS/CHANGES TO OFF	ICERS AN	D DIRECTO	RS IN 12
TITLE	D	DELETE	13.	LE.				[] Change	☐ Addition
-	RAFFO, CHARLES E		1.2 NA	ur:	ł				}
NAME)	3339 PATTIE PL	•			ADDRESS				
STREET ADDRESS									
CITY-ST-ZIP			_	1.4 CITY- \$T-ZIP 2.1 TITLE				Change	☐ Addition
TITLE		□ DELETE						ري نام	
NAME			2.2 NA						
_STREET ADDRESS		وفيضا مطارف الداليتيساوس سا	T .		ADDRESS	_ ~ _ ~ ··	• •		- 1.
CITY-ST-ZIP			2. 4 CI		ſ-ZIP				Addition
TITLE	·	☐ DELETE	3.1 111	LΕ			*	Change	Addition
NAME			3.2 NA	ME					
STREET ADDRESS			3.3 STI	REET	ADDRESS				j
CITY-ST-ZIP			3.4. CI	ry-s1	T-ZIP				
MILE		☐ DELETE	4.1 TIT	ιE				Change	☐ Addition
NAME			4. 2 NA	ME	1				Į
STREET ADDRESS			4.3 ST	REET	ADDRESS				ļ
,			4.4 CIT						ì
CITY-ST-ZIP TITLE		☐ DELETE	5.1 TIT					☐ Change	☐ Addition
			5.2 NA		1			_ -	ļ
NAME			1		ADDRESS				ļ
STREET ADDRESS			5.4 CIT						}
CITY-ST-ZIP	-,	D OF FUE	6.1 TIT		-41			Change	Addition
TITLE	•	☐ DELETE				•		change	T VOORONI
NAME			6.2 NA						}
	i		63.ST	REFT	ADDRESS				

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 suppliemental 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 of the received of the r es E. Raffo, President/ 3/19/99 SIGNATURE:

FILED

Mar 22, 1999 8:00 am Secretary of State

03-22-1999 90126 011 ***150.00