

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **V46074 (3)**
1. Corporation Name
SAN RAFAEL BUILDING CORPORATION



Principal Place of Business: **134 SAN RAFAEL LANE NAPLES FL 33999**
Mailing Address: **134 SAN RAFAEL LANE NAPLES FL 33999**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21 145 Vista Lane		26 P.O. Box 413005		06/17/1992	08/08/1995
22 Suite, Apt. #, etc		27 Suite 96		4. FEI Number	Applied For
23 Naples, FL		28 Naples, FL		65-0347080	Not Applicable
24 34119	25 USA	29 34101	30 USA	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
JACOBSON, PAUL 134 SAN RAFAEL LANE NAPLES FL 33999				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City	FL	85 Zip Code	

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]* DATE: **8-6-96**

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	<input type="checkbox"/> DELETE		1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	JACOBSON, PAUL			1.2 NAME	Jacobson, Paul		
STREET ADDRESS	134 SAN RAFAEL LANE			1.3 STREET ADDRESS	145 Vista Lane		
CITY-ST-ZIP	NAPLES FL 33999			1.4 CITY-ST-ZIP	Naples, FL 34119		
TITLE	VP	<input type="checkbox"/> DELETE		2.1 TITLE		Change <input type="checkbox"/> Addition	
NAME	JONES, RICHARD M			2.2 NAME			
STREET ADDRESS	400 5TH AVE. S. ST. #201			2.3 STREET ADDRESS			
CITY-ST-ZIP	NAPLES FL 33940			2.4 CITY-ST-ZIP			
TITLE	ST	<input type="checkbox"/> DELETE		3.1 TITLE	ST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	JACOBSON, PAUL			3.2 NAME	Jacobson, Paul		
STREET ADDRESS	134 SAN RAFAEL LANE			3.3 STREET ADDRESS	145 Vista Lane		
CITY-ST-ZIP	NAPLES FL 33999			3.4 CITY-ST-ZIP	Naples, FL 34119		
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE		Change <input type="checkbox"/> Addition	
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY-ST-ZIP				4.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE		Change <input type="checkbox"/> Addition	
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		Change <input type="checkbox"/> Addition	
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address

SIGNATURE: *[Signature]* DATE: **8-6-96**

CR2E034 (3/96)