PROF1T
CORPORATION
annual report



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998

DOCU 1. Corporation	MENT # V5 72	50					
RAF GROUP, INC							
Principal Place of Business Mailing Address					1 tach		
					3. Date Incorporated or Qualified		
3300 Tamiami Trail,# 102					Augus 2 13.1992		
Port Churlotte, Fl. 33952 SAME					4. FEI Number		pplied For
					65-0353603		ot Applicable
<u> </u>	pal Place of Business 2a. Mailing Address				5. Certificate of Status Desired		Additional
	0 Iamiami Trail 26 SAME			C. Continuado di Gialda Dedired	Fee R	equired	
	Suite, Apt. #, etc.				6. Election Campaign Financing	\$5.00	
22 City & Stat	16 **	City & State			Trust Fund Contribution	Added to	
	Churlotte, Florida	28			7. Is this nonprofit corporation a homeow Yes		on?
Zip	Country	Zip	Countr	у	8. This corporation owes or has paid the current year Intangible		
24 3395	2 25 Charloite	29	30		Personal Property Tax due June 30.		D No
	9. Name and Address of Current	Registered Agent			10. Name and Address of New Register	ed Agent	
۱	. 4. 0 . 0 1 1 . 1 4		61	Name (SAME		
Robert C. Signit			62		ress (P.O. Box Number is Not Acceptable)		••
2315 Aaron St							
	Box 2159		83	i			
Port	t C harlotte, Fl. 3394	9	84	City		85 Zip	Code
11. Pursuant	to the provisions of Sections 617 0502	and 617 1508, Florida Statu	tes, the abov	e-named corp	poration submits this statement for the purpose	of changing it	s registered
office or i	registered agent, or both, in the State of am lamiliar with, and a cep the shigat	11 loriga. Such change was of olf, Section 617.0503, Fi	authorized bi lorida Statute	y the corpora: ·s	poration submits this statement for the purpose tion's board of directors. I hereby accept the a	ppointment as	registered
SIGNATURE	wence the				5-25	-78	1
	Signature, typed or printed our confrequency tagent			ent signature requi	red when reinstaling) DATE		
12.	OFFICERS AND	DELETE	13.		ADDITIONS/CHANGES TO OFFICERS A		
NAME	President		1.1 TITLE			☐ Change	☐ Addition
STREET ADDRESS	Mark O. Asperilla, M.D.		1.2 NAME	T 40000000			ļ
CITY-S1-ZIP	Jour Tandane That Sauce 102			T ADDRESS ST-ZIP			
TITLE	Port Charlotte, Fl. 33952			51-211		Change	Addition
NAME	Secretary/Treasurer		2.1 TITLE 2.2 NAME			- Onlingo	Z Modificity
STREET ADDRESS	Ramachandran Rajara		2.3 STREET	I ADDRESS			
CITY - ST - ZIP	3300 Tamiami Trail		2. 4 CITY-				ĺ
TITLE	Port Charlotte, Fl. 33952 DILLETE		3 1 1171 E			Change	Addition
NAME	•		3.2 NAME			_	
STREET ADDRESS			3.3 STREET	ADDRESS	•		
CITY - ST - ZIP			3.4. CITY-	ST-ZIP			
TITLE		DELETE	4.1 TITLE	ľ		☐ Change	☐ Addition
NAME			4. 2 NAME				ļ
STREET ADDRESS			4.3 STREET				
CITY-ST-ZIP		COLETE	4.4 CITY - S	T-ZIP			
TITLE		DETELE	5.1 TITLE			Change	☐ Addilion
NAME Street address			5.2 NAME	ADDOCOC	·		
CITY+ST-ZIP	100		5.3 STREET		400002569:	31.4	
TITLE		☐ DELETE	5.4 CHY-S 6 1 THTLE	1 · ZIP		Change	Addition
NAME			62 NAME		來來 生 50.00	Unange .	nutrition
STREET ADDRESS			63 STREET	ADDRESS		/	\sim \downarrow

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 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 suggested 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.

6.4 CITY - ST - ZIP

SIGNATURE:

NAME OF SIGNING OFFICER OR DIRECTOR

3.20.98

FILED

Jun 22 1998 8:00am

Secretary of State