

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

FILED

**Jan 21 1997 8:00am
Secretary of State**

**PROFIT CORPORATION
ANNUAL REPORT
1997**



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

DOCUMENT # P95000094589 (5)

1. Corporation Name
RASKIN FAMILY INVESTMENTS, INC.,



Principal Place of Business
**4349 TREVI COURT
LAKE WORTH FL 33467**

Mailing Address
**4349 TREVI COURT
LAKE WORTH FL 33467-4079**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 12/13/1995	3a. Date of Last Report 04/15/1996
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 65-0633607	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
VALDES-FAULI CORPORATE SERVICES, INC. 777 SOUTH FLAGLER DRIVE SUITE 500 EAST W PALM BEACH FL 33401				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	RASKIN, GLADYS F			1.2 NAME			
STREET ADDRESS	4349 TREVI COURT			1.3 STREET ADDRESS			
CITY - ST - ZIP	LAKE WORTH FL 33467			1.4 CITY - ST - ZIP			
TITLE	D	<input type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	RASKIN, MARTIN B			2.2 NAME			
STREET ADDRESS	4349 TREVI COURT			2.3 STREET ADDRESS			
CITY - ST - ZIP	LAKE WORTH FL 33467			2.4 CITY - ST - ZIP			
TITLE	D	<input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	RASKIN, RAYMOND A			3.2 NAME			
STREET ADDRESS	164 PACIFIC STREET			3.3 STREET ADDRESS			
CITY - ST - ZIP	BROOKLYN NY 11201			3.4 CITY - ST - ZIP			
TITLE	D	<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	RASKIN, JAY R			4.2 NAME			
STREET ADDRESS	36 HIGHMOUNT AVENUE			4.3 STREET ADDRESS			
CITY - ST - ZIP	WARREN NJ 07059			4.4 CITY - ST - ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> 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	<input type="checkbox"/> 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 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 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Gladys F. Raskin* **Gladys F. Raskin** 1/12/97 (521) 439-0339
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone

CR2E034 (9/96)