

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION  
ANNUAL REPORT  
**1996**



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

DOCUMENT # **636895** (5)

1. Corporation Name  
**RAA CORPORATION**



Principal Place of Business: **2620 SURREY LANE WEST LINN OR 97068 9951 S.E. EASTMONT DR GRESHAM, OR 97080**

Mailing Address: **2620 SURREY LANE WEST LINN OR 97068 9951 S.E. EASTMONT DR GRESHAM, OR 97080**

3. Date Incorporated or Qualified: **09/20/1979**

3a. Date of Last Report: **05/01/1995**

4. FLI Number: **59-1938967**

5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution:  **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business: [21] Suite, Apt. #, etc.: [22] City & State: [23] Zip: [24] Country: [25]

2a. Mailing Address: [26] Suite, Apt. #, etc.: [27] City & State: [28] Zip: [29] Country: [30]

9. Name and Address of Current Registered Agent  
**HIRSCHBERG, EDWARD P CPA  
C/O LONDON WITTE & COMPANY  
3101 N. FEDERAL HIGHWAY, STE. 700  
FT. LAUDERDALE FL 33306**

10. Name and Address of New Registered Agent

81 Name: \_\_\_\_\_

82 Street Address (P.O. Box Number is Not Acceptable): \_\_\_\_\_

83 \_\_\_\_\_

84 City: \_\_\_\_\_ State: **FL** Zip Code: **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: \_\_\_\_\_ DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE: PD  DELETE

NAME: **FRANCESCHI, ACKERBERG A**

STREET ADDRESS: **2620 SURREY LANE 9951 S.E. EASTMONT WEST LINN OR GRESHAM, OR 97080 DR**

CITY-ST-ZIP: \_\_\_\_\_

TITLE: ST  DELETE

NAME: **FRANCESCHI, ACKERBERG A**

STREET ADDRESS: **2620 SURREY LANE 9951 S.E. EASTMONT DR WEST LINN OR GRESHAM, OR 97080**

CITY-ST-ZIP: \_\_\_\_\_

TITLE: \_\_\_\_\_  DELETE

NAME: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_

CITY-ST-ZIP: \_\_\_\_\_

TITLE: \_\_\_\_\_  DELETE

NAME: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_

CITY-ST-ZIP: \_\_\_\_\_

TITLE: \_\_\_\_\_  DELETE

NAME: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_

CITY-ST-ZIP: \_\_\_\_\_

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE: \_\_\_\_\_  Change  Addition

1.2 NAME: \_\_\_\_\_

1.3 STREET ADDRESS: \_\_\_\_\_

1.4 CITY-ST-ZIP: \_\_\_\_\_

2.1 TITLE: \_\_\_\_\_  Change  Addition

2.2 NAME: \_\_\_\_\_

2.3 STREET ADDRESS: \_\_\_\_\_

2.4 CITY-ST-ZIP: \_\_\_\_\_

3.1 TITLE: \_\_\_\_\_  Change  Addition

3.2 NAME: \_\_\_\_\_

3.3 STREET ADDRESS: \_\_\_\_\_

3.4 CITY-ST-ZIP: \_\_\_\_\_

4.1 TITLE: \_\_\_\_\_  Change  Addition

4.2 NAME: \_\_\_\_\_

4.3 STREET ADDRESS: \_\_\_\_\_

4.4 CITY-ST-ZIP: \_\_\_\_\_

5.1 TITLE: \_\_\_\_\_  Change  Addition

5.2 NAME: \_\_\_\_\_

5.3 STREET ADDRESS: \_\_\_\_\_

5.4 CITY-ST-ZIP: \_\_\_\_\_

6.1 TITLE: \_\_\_\_\_  Change  Addition

6.2 NAME: \_\_\_\_\_

6.3 STREET ADDRESS: \_\_\_\_\_

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Edward P. Franceschi* President 4/18/96 503-663-3119  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: **EDWARD P. FRANCESCHI**

CR2E034 (12/95)