


FILE NOW: FILING FEE IS \$61.25

FILED

**Apr 30 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 711890 (4)

1. Corporation Name
R.A.C.C.A., INC.



Principal Place of Business 1210 N. CLEARVIEW AVE. TAMPA FL 33607	Mailing Address 1210 N. CLEARVIEW AVE. TAMPA FL 33607
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3. Date Incorporated or Qualified
12/01/1966

4. FEI Number 59-1113307	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
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2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

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

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

7. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent

**BISMARCK, KEANE O.
1210 N. CLEARVIEW AVE.
TAMPA FL 33607**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE P	<input type="checkbox"/> DELETE	1.1 TITLE P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SCHWERSKY, STEVE		1.2 NAME Cochell, Robert	
STREET ADDRESS 8585 115TH AVE. N.		1.3 STREET ADDRESS 10220 Hwy. 92 E.	
CITY-ST-ZIP LARGO FL		1.4 CITY-ST-ZIP Tampa, FL	
TITLE ST	<input type="checkbox"/> DELETE	2.1 TITLE ST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME RODRIGUEZ, BONNIE		2.2 NAME Kizer, Randall	
STREET ADDRESS 5406 N. ROSEMONT		2.3 STREET ADDRESS 501 S. Falkenburg Rd Suite 13	
CITY-ST-ZIP TAMPA FL		2.4 CITY-ST-ZIP Tampa, FL	
TITLE V	<input type="checkbox"/> DELETE	3.1 TITLE V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME LINGERFELT, BRYAN		3.2 NAME Rodriguez, Bonnie	
STREET ADDRESS 604 N. GILCHRIST AVE.		3.3 STREET ADDRESS 5406 N. Rosemont	
CITY-ST-ZIP TAMPA FL		3.4 CITY-ST-ZIP Tampa, FL	
TITLE PE	<input type="checkbox"/> DELETE	4.1 TITLE PE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME COCHELL, ROBERT		4.2 NAME Lingerfelt, Bryan	
STREET ADDRESS 10220 HWY. 92 E		4.3 STREET ADDRESS 604 N. Gilchrist Ave.	
CITY-ST-ZIP TAMPA FL		4.4 CITY-ST-ZIP Tampa, FL	
TITLE D	<input type="checkbox"/> DELETE	5.1 TITLE D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME KIZER, RANDALL		5.2 NAME Grogg, John	
STREET ADDRESS 501 S FALKENBURG RD SUITE 13		5.3 STREET ADDRESS 6235 Massachusetts Ave.	
CITY-ST-ZIP TAMPA FL		5.4 CITY-ST-ZIP New Port Richey, FL	
TITLE D	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME DEYOUNG, JOHN		6.2 NAME	
STREET ADDRESS 8316 N SAULRAY ST		6.3 STREET ADDRESS	
CITY-ST-ZIP TAMPA FL		6.4 CITY-ST-ZIP	

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 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: *John P. ...* EXECUTIVE DIRECTOR 04/20/98 813-870-21607

CF2E037 (10/97)



1210 N. CLEARVIEW AVE. TAMPA, FLORIDA 33607
(813) 870-2607 FAX: (813) 876-7625

ADDITIONAL DIRECTORS (block 13)

D
Postoll, Rick
5507 E. Chelsea St.
Tampa, Fl

D
Houghton, Rick
4325 Ridgemoor Dr. N.
Palm Harbor, Fl

D
Renda, Lawrence
7173 30th Ave. N.
Dt. Petersburg, Fl

D
Eales, Malcolm
606 N. Gilchrist Ave.
Tampa, Fl