

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Suzette B. Merritt
Secretary of State
Tallahassee, Florida 32399-0001

DOCUMENT # **P93000064679 (2)**

RABE INVESTMENTS, INC.

APPROVED
AND
FILED

9 MAY 1 1995 2:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Office of Incorporation: P.O. BOX 2484, FORT MYERS BEACH FL 33932
Mailing Address: P.O. BOX 2484, FORT MYERS BEACH FL 33932

3. Date the corporation organized: 09/16/1993
3a. Date of Last Report: 05/01/1994

4. FEI Number: 65-0464933
Applied For: Not Applicable:

5. Certificate of Status (Required): \$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. 199.002, Florida Statutes: Yes No

21. Mailing Address: 26. Mailing Address
22. State, Apt. #, etc.: 27. State, Apt. #, etc.
23. City & State: 28. City & State
24. Zip: 25. Country: 29. Zip: 30. Country:

9. Name and Address of Current Registered Agent
**SHENKO, WILLIAM E JR
6100 ESTERO BLVD.
FT. MYERS BEACH FL 33931**

10. Name and Address of New Registered Agent
81. Name:
82. Street Address (P.O. Box Number is Not Acceptable):
83. City:
84. City: FL 85. Zip Code:

11. Pursuant to the provisions of Sections 602 (b)(3) and 602.17(2), 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, if there is one, or the appointment of a registered agent. I hereby agree to accept the obligations of s. 602 (b)(3), Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

NAME	DP RASH, D G
Street Address	2200 MAIN ST.
City & State	FT MYERS BEACH FL 33931
NAME	S GRIDLEY, DOROTHY
Street Address	15490 COPRA LN
City & State	FT MYERS FL

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS

NAME	Change	Addition
Street Address		
City & State		

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and checked equally for the compliance stated in Sections 602 (b)(3) and Florida Statutes. I further certify that the information indicated on this annual report or supplementary annual report is true and accurate and that my signature shall have the same legal effect as if made under oath. That this information is filed for the corporation in the records of the Secretary of State in the State of Florida as required by Chapter 602, Florida Statutes, and that my name appears in this filing as being a director or officer of the corporation with an address.

SIGNATURE: *David G. Rash*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
DAVID G. RASH

4/13/95 813-466-4188