

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

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P93000064679 (2)**

1. Corporation Name
RABE INVESTMENTS, INC.



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

3. Date Incorporated or Qualified: **09/16/1993**
3a. Date of Last Report: **05/01/1995**

2. Principal Place of Business: 21 **21054 St. Peters Dr.**, 22 **Ft. Myers Beach**, 23 **Ft. Myers Beach, FL.**, 24 **33931**
2a. Mailing Address: 26 **21054 St. Peters Dr.**, 27 **Ft. Myers Beach**, 28 **Ft. Myers Beach, FL.**, 29 **33931**, 30 **Lee**

4. FEI Number: **65-0464933**
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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SHENKO, WILLIAM E JR
6100 ESTERO BLVD.
FT. MYERS BEACH FL 33931

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

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	DP PRESIDENT	<input type="checkbox"/> DELETE
NAME	RASH, D G	
STREET ADDRESS	2200 MAIN ST.	
CITY-ST-ZIP	FT MYERS BEACH FL 33931	
TITLE	SECRETARY	<input type="checkbox"/> DELETE
NAME	GRIDLEY, DOROTHY	
STREET ADDRESS	15490 COPRA LN	
CITY-ST-ZIP	FT MYERS FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	VPRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Elizabeth A. Rash	
1.3 STREET ADDRESS	21054 St. Peters Dr.	
1.4 CITY-ST-ZIP	Ft. Myers Beach FL. 33931	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *[Signature]* DATE: **4/27/96** QTY/TIME PRG: **941-463-5085**

CR2E034 (12/95)