

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P94000077893 (3)**

1. Corporation Name

RABAH, INC.



Principal Place of Business

**4 NORTH MAIN STREET
ALACHUA FL 32615**

Mailing Address

**P.O. BOX 1192
ALACHUA FL**

3. Date Incorporated or Qualified 10/17/1994	3a. Date of Last Report 05/01/1995
4. FEI Number 59-3280537	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business

2a. Mailing Address

21. State, Apt. #, etc.

26. State, Apt. #, etc.

22. City & State

27. City & State

23. Zip

Country

28. Zip

Country

24.

25.

29.

30.

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CLAYTON, MARILYN
4423 NW 202 STREET
NEWBERRY FL 32669**

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)
1014 N. W. 57th Street

83.

84. City
Gainesville,

FL

85.

Zip Code
32605

11. Pursuant to the provisions of Sections 607.0502 and 607.1503, 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 *Marilyn Clayton*

Marilyn Clayton

2/9/96

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	TITLE	NAME
	PTS CLAYTON, MARILYN 4423 NW 202 STREET NEWBERRY FL 32669	<input type="checkbox"/> DELETE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
		<input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		<input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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		<input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		<input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12 NAME	13 NAME
12 STREET ADDRESS	13 STREET ADDRESS 1014 N. W. 57th Street
12 CITY-STATE-ZIP	13 CITY-STATE-ZIP Gainesville, FL 32605
21 TITLE	22 TITLE
22 NAME	23 NAME
23 STREET ADDRESS	24 STREET ADDRESS
24 CITY-STATE-ZIP	25 CITY-STATE-ZIP
31 TITLE	32 TITLE
32 NAME	33 NAME
33 STREET ADDRESS	34 STREET ADDRESS
34 CITY-STATE-ZIP	35 CITY-STATE-ZIP
41 TITLE	42 TITLE
42 NAME	43 NAME
43 STREET ADDRESS	44 STREET ADDRESS
44 CITY-STATE-ZIP	45 CITY-STATE-ZIP
51 TITLE	52 TITLE
52 NAME	53 NAME
53 STREET ADDRESS	54 STREET ADDRESS
54 CITY-STATE-ZIP	55 CITY-STATE-ZIP
61 TITLE	62 TITLE
62 NAME	63 NAME
63 STREET ADDRESS	64 STREET ADDRESS
64 CITY-STATE-ZIP	65 CITY-STATE-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 trustee or person 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: *Marilyn Clayton*

Marilyn Clayton, President 2/9/96

352-332-8333

CR2E034 (12/95)