

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

**Apr 08 1997 8:00am
Secretary of State**



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

PROFIT CORPORATION
ANNUAL REPORT
1997

DOCUMENT # P94000077893 (3)

1. Corporation Name
RBAH, INC.



Principal Place of Business: **4 NORTH MAIN STREET ALACHUA FL 32815**
Mailing Address: **P.O. BOX 1182 ALACHUA FL 32816-1182**

3. Date incorporated or Qualified: **10/17/1994**
3a. Date of Last Report: **04/05/1996**

2. Principal Place of Business: **21 3143 SW 32nd Ave**
Suite, Apt. #, etc.: **22 Suite 200**
City & State: **23 Ocala, Florida**
Zip: **24 34474** Country: **25 Marion**

2a. Mailing Address: **26 3143 SW 32nd Ave**
Suite, Apt. #, etc.: **27 Suite 200**
City & State: **28 Ocala, Florida**
Zip: **29 34474** Country: **30 Marion**

4. FEI Number: **59-3280537**
Applied For: Not Applicable
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
**CLAYTON, MARILYN
1014 NW 57TH STREET
GAINESVILLE FL 32805**

10. Name and Address of New Registered Agent
81 Name: **Pravda, Jay**
82 Street Address (P.O. Box Number is Not Acceptable): **3143 S. W. 32nd Ave.**
83 Suite: **Suite 200**
84 City: **Ocala** State: **FL** 85 Zip Code: **34474**

11. Pursuant to the provisions of Sections 607.050 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: **Jay Pravda** DATE: **April 2, 1997**
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PTS	<input checked="" type="checkbox"/> DELETE
NAME	CLAYTON, MARILYN	
STREET ADDRESS	1014 NW 57TH STREET	
CITY - ST - ZIP	GAINESVILLE 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		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PTS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Pravda, Jay	
1.3 STREET ADDRESS	3143 S. W. 32nd Ave, Suite 200	
1.4 CITY - ST - ZIP	Ocala, Florida 34474	
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 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or of an instrument with an address.

SIGNATURE: **Jay Pravda** DATE: **April 2, 1997** DAYTIME PHONE #: **352-854-0800**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)