FILED 2000 UNIFORM BUSINESS REPORT (UBR) Apr 22, 2000 8:00 am Secretary of State DOCUMENT # **P96000087229** MICHAEL W. RAUCH, P.A. 04-22-2000 90132 043 ***150.00 Principal Place of Business Mailing Address 671 E COMMERCIAL BLVD 871 E COMMERCIAL BLVD 944908... FT LAUDERDALE FL 33308-3200 FT LAUDERDALE FL 33334 2. Principal Place of Business 3. Mailing Address 5300 N. FEDERAL HWY. 5300 N. FEDERAL HWY. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 65-0726232 ft. Lauderdale, Florida T. LAUDERDALE, FLURIDA Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired 33308 33308 Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent RAUCH, MICHAEL W. RAUCH, MICHAEL W Street Address (P.O. Box Number is Not Acceptable) 871 E COMMERCIAL BLVD FT LAUDERDALE FL 33334 FY. LAVDERDALE, 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida SIGNATURE tered agent and title if applicable when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) -- ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. PP Change Addition ☐ Delete TITLE TITLE RAUCH, MICHAEL W. 5300 N. FEDERAL HWY. RAUCH, MICHAEL W NAME NAME STREET ADDRESS STREET ADDRESS 871 E COMMERCIAL BLVD FT. LAUDERDALE, FL 33308 CITY-ST-7IP CITY-ST-ZIP FT LAUDERDALE FL 33334 ☐ Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change Addition TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-71P ☐ Change Addition ☐ Defete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: