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

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Apr 13, 1999 8:00 am Secretary of State

04-13-1999 90029 036 ***150.00

DOCUMENT	#	K82408
Corneration Name		

Corporation Name

RAUCHMAN + ASSOCIATES, INC.

						ł				
Principal Place	of Business	Mailing Address				ļ				
ROBERT A. RAI	UCHMAN	ROBERT A. RAUCHMA	N.				,			•
5210 SW 60TH	TH PLACE 5210 SW 60TH PLACE			DO NOT WRITE IN THIS SPACE						
MIAMI FL 33155	j -	MIAMI FL 33155				-				
						3.	Date incorporated or Qualifed 04/20/1989			
2. Principal Pla	ace of Business	2a. Mailing Address				4.	FEI Number		Appl	ied For
21	•	26				l	65-0115071	[_]	Not /	Applicable
Suite, Apt. i	#, etc.	Suite, Apt. #, etc.				5	Certificate of Status Desired			ditional
22		27					Certificate of States Session	Fee	Requ	uired
City & State	9	City & State	<u> </u>			6.	Election Campaign Financing	\$5.6	00 м	lay Be
23		28				<u> </u>	Trust Fund Contribution	Add	led to	Fees
Zip	Country	Zip	Cou	ntry		8.	This corporation owes the current year Intai		_	.i
24	25	29	30				T Croonal T Topony Tax	Yes		Mo
	9. Name and Address of Curre	nt Registered Agent				10.	Name and Address of New Registered A	gent		
0411	CURLÁN DODERT A			81	Name					
	CHMAN, ROBERT A.			82	Street Addres	ss (P	P.O. Box Number is Not Acceptable)			_
	SW 60TH PLACE					(.				
MIAN	AI FL 33155			83						
				84	Cit.			85 2	Zip Co	
				04	City		FL	03 4	Lip Oc	,,,,
11. Pursuant i	to the provisions of Sections 607.05	02 and 607.1508, Florida S	tatutes, the a	pove	-named corpor	ratior	n submits this statement for the purpose of c	anging	g its re	egistered
office or re	egistered agent, or both, in the State m familiar with, and accept the oblig	e of Florida. Such change w	as authorized	l by 1	the corporation	's bo	pard of directors. I hereby accept the appoint	ment a	s regi	sterea
	m ramiliar with, and accept the oblig-	audits di, Section dur.0000	, r jonda otar	J.63.	•					
SIGNATURE	Signature, typed or printed name of registered ag	ent and title if applicable.	NOTE: Registered	Agent	t signature required v	when r	reinstating) DATE			
12.		ND DIRECTORS	13.			-	ADDITIONS/CHANGES TO OFFICERS AND	DIREC	CTOR	\$ IN 12
TITLE	D	☐ DELET	E 1.1 Π	TLE				Char	nge	☐ Addition
NAME	RAUCHMAN, ROBERT A.		1.2 N	ME						
STREET ADDRESS	5210 SW 60TH PLACE		1.3 \$7	REET	ADDRESS					
CITY-ST-ZIP	MIAMI FL	•	1.4 CI	TY-ST	r-ZIP					
TITLE		☐ DELET	E 2.1 TI	TLE				Char	nge	Addition
NAME		è	2.2 N	ME						
STREET ADDRESS			2.3 \$7	REET	ADDRESS					
				ITY-SI)
CITY-ST-ZIP ~	<u> </u>	□ DELET			1-21			☐ Char	nge	Addition
NAME	•		3.2 N							ļ
STREET ADDRESS					ADDRESS		•			İ
		1								
CITY-ST-ZIP TITLE		☐ DELET		ITY-S' TLE	1-411			Cha	nge	Addition
{ [_		4.2N						-	_
NAME					ADDRESS					
STREET ADDRESS										
CITY-ST-ZIP		☐ DELET		TY-ST	1-ZIP			[**] Char	nge	☐ Addition
TITLE			5.1 N						-3-	
NAME					ADDOCCC	•				
STREET ADDRESS					ADDRESS					1
CITY-ST-ZIP				TY-ST	1-ZIP			Char		Addition
TITLE		☐ DELET	- 1				•		iAc	☐ ₩
NAME	,		6.2 N				•			İ
STREET ADDRESS	· · · · · · · · · · · · · · · · · · ·		6.3 \$	IKEET	ADDRESS		•			

14. 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 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, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR