

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 21 AM 9:16

DOCUMENT # 357248 (4)

1. Corporation Name
ROBERT RAUSCHENBERG, INC.

Principal Place of Business Mailing Address
LAIKA LANE 25 WEST 39TH STREET, SUITE 900
CAPTIVA FL 33924 NEW YORK NY 10018
US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 12/23/1969
3a. Date of Last Report 07/20/1994

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 275 Madison Ave.
22 City & State 27 1614
23 City & State 28 New York, NY
24 Zip 25 Country 29 10016 30 USA

4. FEI Number 59-1280136 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
PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYES ST.
STE. 105
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent
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 agent 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 _____ DATE _____
Signature is to be printed name of registered agent and typed on printed name (NOTE: Registered Agent signature required when reconstituting)

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	RAUSCHENBERG, ROBERT
STREET ADDRESS	LAIKA LANE
CITY-ST-ZIP	CAPTIVA FL 33924
TITLE	SD
NAME	JEFFRIES, BRADLEY
STREET ADDRESS	1039 BEACH ROAD, #101
CITY-ST-ZIP	SANIBEL FL 33957
TITLE	D
NAME	POTTORF, DARRYL
STREET ADDRESS	1351 RIO VISTA AVE
CITY-ST-ZIP	FORT MYERS FL 33907
TITLE	AS
NAME	GRUTMAN, BENNET
STREET ADDRESS	25 WEST 39TH STREET, SUITE 900
CITY-ST-ZIP	NEW YORK NY 10018
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	As
4.3 STREET ADDRESS	Grutman, Bennet
4.4 CITY-ST-ZIP	275 Madison Ave New York, NY 10016
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 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)(b), 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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 of this report, or on an attachment with an address.

SIGNATURE: *Bennet Grutman*
SIGNATURE, AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/19/95