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Apr 28 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # 593221 (5)

1. Corporation Name  
RAHN PROPERTIES, INC.



Principal Place of Business  
1512 E BROWARD BLVD SUITE 301  
FT LAUDERDALE FL 33301

Mailing Address  
1512 E BROWARD BLVD SUITE 301  
FT LAUDERDALE FL 33301-2190

3. Date Incorporated or Qualified 11/14/1978  
3a. Date of Last Report 01/29/1996

2. Principal Place of Business 21 450 E. LAS OLAS BLVD. Suite, Apt. #, etc. 22 SUITE 700 City & State 23 FT. LAUDERDALE, FL Zip 24 33301	2a. Mailing Address 26 450 E. LAS OLAS BLVD. Suite, Apt. #, etc. 27 SUITE 700 City & State 28 FT. LAUDERDALE, FL Zip 29 33301	4. FEI Number 59-1866617 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
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9. Name and Address of Current Registered Agent

GARDINA, CAROL J  
1512 E BROWARD BLVD.  
SUITE 301  
FT LAUDERDALE FL 33301

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
450 E. LAS OLAS BLVD.	
83 SUITE 700	
84 City	FL
FT. LAUDERDALE	33301

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 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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBERTS, PETER H	1.2 NAME	
STREET ADDRESS	1512 E BROWARD BLVD #301	1.3 STREET ADDRESS	450 EAST LAS OLAS BLVD., SUITE 700
CITY-ST-ZIP	FT LAUDERDALE FL	1.4 CITY-ST-ZIP	FT. LAUDERDALE, FL 33301
TITLE	VSD <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANDERSON, JOHN H	2.2 NAME	
STREET ADDRESS	1512 E BROWARD BLVD #301	2.3 STREET ADDRESS	450 EAST LAS OLAS BLVD., SUITE 700
CITY-ST-ZIP	FT LAUDERDALE FL	2.4 CITY-ST-ZIP	FT. LAUDERDALE, FL 33301
TITLE	VT <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STIRK, ROBERT J.	3.2 NAME	
STREET ADDRESS	1512 E BROWARD BLVD #301	3.3 STREET ADDRESS	450 EAST LAS OLAS BLVD., SUITE 700
CITY-ST-ZIP	FT. LAUDERDALE FL	3.4 CITY-ST-ZIP	FT. LAUDERDALE, FL 33301
TITLE	V <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DI IORIO, NICHOLAS J.	4.2 NAME	
STREET ADDRESS	1512 E BROWARD BLVD #301	4.3 STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE FL	4.4 CITY-ST-ZIP	
TITLE	VP <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALIMAND, III J	5.2 NAME	
STREET ADDRESS	2301 SE 17TH STREET	5.3 STREET ADDRESS	
CITY-ST-ZIP	FORT LAUDERDALE FL	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 on an attachment with an address.

SIGNATURE:

*Robert J. Stirk*

ROBERT J. STIRK

4/18/97

954.524.5336

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)