

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

FILED
Mar 13 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # 602712 (2)

1. Corporation Name

DRS. ORR, BRAUKMAN & RAUCHWAY, P.A.



Principal Place of Business

1201 5TH AVE NO
SUITE 202
ST PETERSBURG FL 33705
US

Mailing Address

1201 5TH AVE NO
SUITE 202
ST PETERSBURG FL 33705
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/04/1971

4. FEI Number

59-1316491

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

RAUCHWAY, MICHAEL
1201 5TH AVE N.
STE 202
ST. PETERSBURG BEACH FL 33705

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 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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

PD
RAUCHWAY, MICHAEL
3216 CEL CENTRE
ST PETERSBURG, FL 00000

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

VD
NUNNELLY, DAVID
5963 BAYVIEW CIR SO
ST PETERSBURG, FL 00000

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

VD
ORR, REX
117 BAY POINT DRIVE, NE
ST. PETERSBURG FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

VD
EGAN, THOS.
2250 MERMAID PT. NE
ST. PETERSBURG FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

SD
SCHIRM, STEVEN
791 SUWANNEE CT. NE
ST PETERSBURG FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TD
DEGESYS, GINTARAS
#5 BRIGHTWATERS CIR
ST. PETERSBURG FL

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

☐ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

☐ Change ☐ Addition

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.

SIGNATURE:

Thomas Egan MD Thomas Egan

3/5/98

813-821-1328

CR2E034 (10/97)