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
Jun 09, 1999 8:00 am
Secretary of State
06-09-1999 90018 033 ***550.00

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DOCUMENT # 602712

1. Corporation Name
DRS. ORR, BRAUKMAN & RAUCHWAY, P.A.

Principal Place of Business	Mailing Address
1201 5TH AVE NO SUITE 202 ST PETERSBURG FL 33705 US	1201 5TH AVE NO SUITE 202 ST PETERSBURG FL 33705 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 800 2nd Ave. S.	2a. Mailing Address 26 800 2nd Ave. S.
Suite, Apt. #, etc. 22 Suite 210	Suite, Apt. #, etc. 27 Suite 210
City & State 23 St. Petersburg, FL	City & State 28 St. Petersburg, FL
Zip / Country 24 33701 25	Zip / Country 29 33701 30

3. Date Incorporated or Qualifed: 03/04/1971

4. FEI Number: 59-1316491 ☐ Applied For ☐ Not Applicable

5. Certifcate 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 the current year Intangible Personal Property Tax. ☐ Yes ☐ No

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE	VD	☐ Change ☑ Addition
NAME	RAUCHWAY, MICHAEL		1.2 NAME	LARSEN, CHRISTINE	
STREET ADDRESS	3216 CEL CENTRE		1.3 STREET ADDRESS	800 2ND AV. SO.	
CITY-ST-ZIP	ST PETERSBURG, FL 00000		1.4 CITY-ST-ZIP	ST PETERSBURG, FL 33701	
TITLE	VD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	NUNNELLY, DAVID		2.2 NAME		
STREET ADDRESS	5963 BAYVIEW CIR SO		2.3 STREET ADDRESS		
CITY-ST-ZIP	ST PETERSBURG, FL 00000		2.4 CITY-ST-ZIP		
TITLE	VD	☑ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	ORR, REX		3.2 NAME		
STREET ADDRESS	117 BAY POINT DRIVE, NE		3.3 STREET ADDRESS		
CITY-ST-ZIP	ST. PETERSBURG FL		3.4 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	EGAN, THOS.		4.2 NAME		
STREET ADDRESS	2250 MERMAID PT. NE		4.3 STREET ADDRESS		
CITY-ST-ZIP	ST. PETERSBURG FL		4.4 CITY-ST-ZIP		
TITLE	SD	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	SCHIRM, STEVEN		5.2 NAME		
STREET ADDRESS	791 SUWANNEE CT. NE		5.3 STREET ADDRESS		
CITY-ST-ZIP	ST PETERSBURG FL		5.4 CITY-ST-ZIP		
TITLE	TD	☑ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	DEGESYS, GINTARAS		6.2 NAME		
STREET ADDRESS	#5 BRIGHTWATERS CIR		6.3 STREET ADDRESS		
CITY-ST-ZIP	ST. PETERSBURG FL		6.4 CITY-ST-ZIP		

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.

SIGNATURE: Michael J. Rauchway 5/10/99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (11/98)