

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

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Mar 26 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **F10192** (5)

1. Corporation Name
RAHN TOURS, 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 33301-2180**



2. Principal Place of Business 21 450 E. Las Olas Blvd. Suite, Apt. #, etc. 22 Ste 700 City & State 23 Ft. Lauderdale, FL 33301 Zip Country 24 33301 25		2a. Mailing Address 26 450 E. Las Olas Blvd. Suite, Apt. #, etc. 27 Ste 700 City & State 28 Ft. Lauderdale, FL 33301 Zip Country 29 33301 30		3. Date Incorporated or Qualified 11/05/1980	3a. Date of Last Report 05/01/1996
		4. FEI Number 59-2053228		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 GARDINA, CAROL 1512 E BROWARD BLVD, #301 FT LAUDERDALE FL 33301		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 450 E. Las Olas Blvd., Ste 700 83 84 City Ft. Lauderdale, FL 85 Zip Code 33301	
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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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PO ROBERTS, PETER H 1512 E BROWARD BLVD #301 FT LAUDERDALE, FL 00000 ☐ DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	☒ Change ☐ Addition 450 E. Las Olas Blvd., Ste 700 Ft. Lauderdale, FL 33301
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD ANDERSON, JOHN H 1512 E BROWARD BLVD #301 FT LAUDERDALE, FL 00000 ☐ DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	☒ Change ☐ Addition 450 E. Las Olas Blvd., Ste 700 Ft. Lauderdale, FL 33301
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT STIRK, ROBERT J. 1512 E BROWARD BLVD #301 FT LAUDERDALE FL ☐ DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	☒ Change ☐ Addition 450 E. Las Olas Blvd., Ste 700 Ft. Lauderdale, FL 33301
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

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** 3/21/97 (954) 524-5336
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)