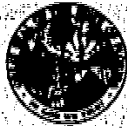


**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION  
ANNUAL REPORT  
**1995**



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

**APPROVED  
AND  
FILED**

95 APR 17 AM 9:07

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **G75544** (8)

1. Corporation Name  
**RAUCH CORP., II**

Principal Place of Business <b>5695 AUTUMN RIDGE RD. LAKE WORTH, FL 33466</b>	Mailing Address <b>1945 PALM BEACH LAKES BLVD. SUITE 1200 WEST PALM BEACH, FL 33401-2285</b>
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DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified <b>12/16/1983</b>	3a. Date of Last Report <b>05/01/1994</b>
4. FEI Number <b>59-2348158</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> 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	

2. Principal Place of Business <b>5904 TIMBER VALLEY DR.</b>	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State <b>LAKE WORTH, FL</b>	27. City & State
23. Zip <b>33463</b>	28. Country <b>T.B.</b>

9. Name and Address of Current Registered Agent

**SAPIR, M. RICHARD, ESQ.  
1845 PLM BCH LKS BLVD #1200  
WEST PALM BEACH FL 33401**

10. Name and Address of New Registered Agent

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City
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 re-registering)

12. OFFICERS AND DIRECTORS

TITLE <b>PST</b>	NAME <b>RAUCH, NORMAN</b>
STREET ADDRESS <b>5695 AUTUMN RIDGE ROAD</b>	CITY-ST-ZIP <b>LAKE WORTH FL</b>
TITLE <b>D</b>	NAME <b>RAUCH, NORMAN</b>
STREET ADDRESS <b>5695 AUTUMN RIDGE RD</b>	CITY-ST-ZIP <b>LAKE WORTH FL</b>
TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	<b>5904 TIMBER VALLEY DRIVE</b>
1.4 CITY-ST-ZIP	<b>LAKE WORTH, FL 33463</b>
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	<b>5904 TIMBER VALLEY DRIVE</b>
2.4 CITY-ST-ZIP	<b>LAKE WORTH, FL 33463</b>
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 type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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: *Norman Rauch* **4-7-95** **407-966-0419**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Date)