

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.**  
**AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

**FILED**  
**Aug 05 1996 8:00 am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1996



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

**DOCUMENT # G75544**  
 1. Corporation Name  
**Rauch Corp., II**

Principal Place of Business Mailing Address

2. Principal Place of Business  
 21 **5904 Timber Valley Dr.**  
 Suite, Apt. #, etc.  
 22 City & State  
**Lake Worth, Fl.**  
 23 Zip Country  
**33463 USA**  
 24 25

2a. Mailing Address  
 26 **P.O. Box 6199**  
 Suite, Apt. #, etc.  
 27 City & State  
**Lake Worth, Fl.**  
 28 Zip Country  
**33466 USA**  
 29 30

3. Date Incorporated or Qualified  
**12-21-83**

3a. Date of Last Report  
**4-17-95**

4. FEI Number  
**59-2348158**

5. Certificate of Status Desired  Applied For Not Applicable  
**\$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  
**Sapir, M. Richard**  
**1645 P.B. Lakes Blvd. #1200**  
**West Palm Beach, Fl. 33401**

10. Name and Address of New Registered Agent  
 81 Name  
**Rauch, Norman**  
 82 Street Address (P.O. Box Number is Not Acceptable)  
**3450 S. Ocean Blvd. #522**  
 83  
 84 City **Palm Beach** FL 85 Zip Code **33480**

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, 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 *Norman Rauch* **8-1-96**

12. OFFICERS AND DIRECTORS

TITLE	<b>P-S-T</b>	<input type="checkbox"/> DELETE
NAME	<b>Rauch, Norman</b>	
STREET ADDRESS	<b>5904 Timber Valley Dr.</b>	
CITY, ST, ZIP	<b>Lake Worth, Fl. 33463</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>Rauch, Norman</b>	
STREET ADDRESS	<b>5904 Timber Valley Dr.</b>	
CITY, ST, ZIP	<b>Lake Worth, Fl. 33463</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<b>P-S-T</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	<b>Rauch, Norman</b>	
13 STREET ADDRESS	<b>3450 S. Ocean Blvd. #522</b>	
14 CITY, ST, ZIP	<b>Palm Beach, Fl. 33480</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	<b>D</b>	
23 STREET ADDRESS	<b>Rauch, Norman</b>	
24 CITY, ST, ZIP	<b>3450 S. Ocean Blvd. #522</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
31 TITLE		
32 NAME		
33 STREET ADDRESS		
34 CITY, ST, ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
41 TITLE		
42 NAME		
43 STREET ADDRESS		
44 CITY, ST, ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
51 TITLE	<b>700001912727</b>	
52 NAME	<b>-08/05/96--01038--017</b>	
53 STREET ADDRESS	<b>***225.00</b>	
54 CITY, ST, ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
61 TITLE		
62 NAME		
63 STREET ADDRESS		
64 CITY, ST, ZIP		

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 199.032(1)(b), 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 617, Florida Statutes, and that my name appears on Block 12 or Block 13 or on an attachment with an address.

SIGNATURE: *Norman Rauch* **8-1-96** **966-5247**

SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR

CR2E034 (3/96)