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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # **H87828**

(0)

Principal Place of Business Mailing Address 871 E. COMMERCIAL BLVD. FT.LAUDERDALE FL 3333-0280 RAUCH, WEAVER, MILLSAPS PROPERTY MANAGEMENT, INC Mailing Address 871 E. COMMERCIAL BLVD. FT.LAUDERDALE FL 3333-0280 FT.LAUDERDALE FL 3333-3241										
PT.LAUUERUAL	LE PL 33334-(280	rt.LRUDEN	IUNCE PL 333341	3241		3. Date Incorporated or Qualified		te of Last Re	port]
A Delegional D	lace of Business	2a. Mailing	Addross			12/03/1985 4. FEI Number	1 01/3	30/1996	-r-d F	1
2. Principa: P	lace of busilless	26 Maning	J Address			59-2649235			plied For t Applicable	1
Suite, Apt.	#, etc		Apt #, etc.					\$8.75 A		1
22		27				5. Certificate of Status Desired	Ш	Fee Re	quired]
City & Stat	e	City &	State			6. Election Campaign Financing		\$5.00		
23		28		0		Trust Fund Contribution	<u>U</u>	Added t		1
Ζιρ 24	Country 25	Ζφ 29	+	Countr 30	У	This corporation has liability for the Florida Statutes	intangible] Yes []		199.032,	
24	9. Name and Address of Currer			301		10. Name and Address of New Re				1
BERGER, LLOYD RAUCH, WEAVER & MILLSAPS & CO. 871 E COMMERCIAL BLVD. FT LAUDERDALE FL 33334					67	ress (P.O. Box Number is Not Acceptate Communic		Blu		
				84	 	. Lauderdale.	FL	1 9	Code Socie	
	to the provisions of Sections 607,050 registered again, 6) both, in the State and familiar the oblig	02 and 607.1508 of Florida, Such ations of, Sectio	l, Florida Statute h change was a m 607.0505, Flo	es, the about outhorized burida Statute	ve-named corpora by the corpora as.	poration submits this statement for the patients board of directors. I hereby accept	ourpose of of the appo			
SIGNATURE.	Signamo, typida (in a rume of registered agr	ent and title if applicati	e (NOTE	: Registered Ag	gent signature requ	ired when reinstating)	DATE	7 12'	1997	
12.		D DIRECTORS		13.		ADDITIONS/CHANGES TO OFFIC	ERS AND		S IN 12	g
TITLE	VP		DELETE	1.1 TITLE				Change	Addition	6)
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TITLE NAME STREET ADORESS	VP		DELETE	1.4 CHY- 2.1 TITLE 2.2 NAME	ST-ZIP			☐ Change	Addition	CRZE
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64 CITY-SI-ZIP

14. 1 do hereby certify that the information supplied with mis filling 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 of the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if habited or in an attainment with an address.

SIGNATURE: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jan 15 199

954-771-44¢

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FILED

Jan 24 1997 8:00am

Secretary of State