

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

FILED

**Feb 25 1998 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # H87828 (0)
 1. Corporation Name
RAUCH, WEAVER, MILLSAPS PROPERTY MANAGEMENT, INC



Principal Place of Business 871 E. COMMERCIAL BLVD. FT. LAUDERDALE FL 33334-0290	Mailing Address 871 E. COMMERCIAL BLVD. FT. LAUDERDALE FL 33334-0290
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 12/03/1985	
21	Suite, Apt #, etc.	26	Suite, Apt #, etc.	4. FEI Number 59-2649235	Applied For <input type="checkbox"/> Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Zip	7. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
25	Country	30	Country		

9. Name and Address of Current Registered Agent
**BERGER, LLOYD
871 E COMMERCIAL BLVD.
FT LAUDERDALE FL 33334**

10. Name and Address of New Registered Agent
 81 Name **Shelby Smith**
 82 Street Address (P.O. Box Number is Not Acceptable)
 83
 84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0105 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 *[Signature]* **Shelby Smith, President** DATE **2-13-98**
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		
TITLE	VP	<input type="checkbox"/> DELETE
NAME	KURTZ, KENNETH	
STREET ADDRESS	871 E COMMERCIAL BLVD	
CITY-ST-ZIP	FT LAUDERDALE FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	WEAVER, GEORGE W.	
STREET ADDRESS	871 E COMMERCIAL BLVD.	
CITY-ST-ZIP	FT LAUDERDALE FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	MILLSAPS, JOSEPH R.	
STREET ADDRESS	871 E. COMMERCIAL BLVD.	
CITY-ST-ZIP	FT LAUDERDALE FL	
TITLE	VPST	<input type="checkbox"/> DELETE
NAME	RAUCH, RANDALL A.	
STREET ADDRESS	871 E COMMERCIAL BLVD.	
CITY-ST-ZIP	FT LAUDERDALE FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	RAUCH, WAYNE, L.	
STREET ADDRESS	871 E COMMERCIAL BLVD	
CITY-ST-ZIP	FT LAUDERDALE FL	
TITLE	<i>Shelby Smith</i>	<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Shelby Smith	
1.3 STREET ADDRESS	871 E COMMERCIAL BLVD	
1.4 CITY-ST-ZIP	FT. LAUDERDALE FL 33334	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
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 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 in an attached unit with an address.

SIGNATURE: *[Signature]*
SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/97)