

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 17, 2006 08:00 AM
Secretary of State

DOCUMENT # H87828

1. Entity Name

**RAUCH, WEAVER, NORFLEET, KURTZ PROPERTY
MANAGEMENT, INC.**



Principal Place of Business

**5300 NO. FEDERAL HWY
FORT LAUDERDALE, FL 33308**

Mailing Address

**5300 NO. FEDERAL HWY
FORT LAUDERDALE, FL 33308**



03272006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-2649235

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fees Required**

6. Name and Address of Current Registered Agent

**RAUCH, MICHAEL W PA
5300 NO. FEDERAL HWY
FT LAUDERDALE, FL 33334**

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE VPT
NAME KURTZ, KENNETH
STREET ADDRESS 5300 N FEDERAL HWY
CITY-ST-ZIP FORT LAUDERDALE, FL 33308

TITLE VP
NAME WEAVER, GEORGE W.
STREET ADDRESS 5300 N FEDERAL HWY
CITY-ST-ZIP FORT LAUDERDALE, FL 33308

TITLE VPS
NAME NORFLEET, LLOYD C
STREET ADDRESS 5300 N FEDERAL HWY
CITY-ST-ZIP FORT LAUDERDALE, FL 33308

TITLE P
NAME RAUCH, RANDALL A.
STREET ADDRESS 5300 N FEDERAL HWY
CITY-ST-ZIP FORT LAUDERDALE, FL 33308

TITLE VP
NAME RAUCH, MIKE
STREET ADDRESS 5300 N FEDERAL HWY
CITY-ST-ZIP FORT LAUDERDALE, FL 33308

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000000512302
04/29/06-80083-008 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/14/06 954-771-4400
Date Daytime Phone #