


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

FILED

Apr 28 1997 8:00am  
Secretary of State

<b>PROFIT CORPORATION ANNUAL REPORT 1997</b>				FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # H91862 (3)</b>					
1. Corporation Name <b>RAHN/ALEXANDRIA, INC.</b>					
Principal Place of Business <b>1512 EAST BROWARD BLVD. #301 FT. LAUDERDALE FL 33301</b>			Mailing Address <b>1512 EAST BROWARD BLVD. #301 FT. LAUDERDALE FL 33301-2190</b>		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>12/27/1985</b>	
21 <b>450 EAST LAS OLAS BLVD</b>		26 <b>450 EAST LAS OLAS BLVD</b>		4. FEI Number <b>59-2642110</b>	
Suite, Apt. #, etc. 22 <b>SUITE 700</b>		Suite, Apt. #, etc. 27 <b>SUITE 700</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
City & State 23 <b>FT. LAUDERDALE, FL</b>		City & State 28 <b>FT. LAUDERDALE, FL</b>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
Zip 24 <b>33301</b>		Zip 29 <b>33301</b>		6. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent		
<b>GARDINA, CAROL J. 1512 EAST BROWARD BLVD. #301 FT. LAUDERDALE FL 33301</b>			81 Name 82 Street Address (P.O. Box Number is Not Acceptable) <b>450 EAST LAS OLAS BLVD.</b> 83 <b>SUITE 700</b> 84 City <b>FT. LAUDERDALE</b> 85 Zip Code <b>FL 33301</b>		
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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE					
12. OFFICERS AND DIRECTORS					
TITLE	SDV	<input type="checkbox"/> DELETE			
NAME	<b>ANDERSON, JOHN H.</b>				
STREET ADDRESS	<b>1512 E BROWARD BLVD #301</b>				
CITY-ST-ZIP	<b>FT. LAUDERDALE FL</b>				
TITLE	PD	<input type="checkbox"/> DELETE			
NAME	<b>ROBERTS, PETER H.</b>				
STREET ADDRESS	<b>1512 E BROWARD BLVD #301</b>				
CITY-ST-ZIP	<b>FT. LAUDERDALE FL</b>				
TITLE	VT	<input type="checkbox"/> DELETE			
NAME	<b>STIRK, ROBERT J.</b>				
STREET ADDRESS	<b>1512 E BROWARD BLVD #301</b>				
CITY-ST-ZIP	<b>FT. LAUDERDALE FL</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					
1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition				
1.2 NAME					
1.3 STREET ADDRESS	<b>450 EAST LAS OLAS BLVD., SUITE 700</b>				
1.4 CITY-ST-ZIP	<b>FT. LAUDERDALE, FL 33301</b>				
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition				
2.2 NAME					
2.3 STREET ADDRESS	<b>450 EAST LAS OLAS BLVD., SUITE 700</b>				
2.4 CITY-ST-ZIP	<b>FT. LAUDERDALE, FL 33301</b>				
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition				
3.2 NAME					
3.3 STREET ADDRESS	<b>450 EAST LAS OLAS BLVD., SUITE 700</b>				
3.4 CITY-ST-ZIP	<b>FT. LAUDERDALE, FL 33301</b>				
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 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 on an attachment with an address.					
SIGNATURE: <b>Robert J. Stirk</b> <b>ROBERT J. STIRK</b> 4-18-97 954-524-5336					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					

CR2E034 (9/96)