

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

FILED  
Apr 13 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
---	---	--

DOCUMENT # J29213 (2)  
1. Corporation Name  
WILLIAM H. RAHN & ASSOCIATES, INC.

Principal Place of Business 1513-4TH ST., N. ST. PETERSBURG FL 33704 US	Mailing Address 1513-4TH ST N ST PETERSBURG FL 33704 US
--	--



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 2837-26th St. No. Suite, Apt. #, etc. 22 City & State 23 St. Petersburg, FL. Zip 33713 Pinellas		2a. Mailing Address 26 2837-26th St. No. Suite, Apt. #, etc. 27 City & State 28 St. Petersburg, FL. Zip 33713 Pinellas		3. Date Incorporated or Qualified 08/15/1986	
4. FEI Number 59-2753505		5. Certificate of Status Desired <input type="checkbox"/>		Applied For Not Applicable	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		\$8.75 Additional Fee Required	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		9. Name and Address of Current Registered Agent MCLEOD, PHILIP A. 600 FIRST AVE. NO. SUITE 306 ST. PETERSBURG FL 33701		10. Name and Address of New Registered Agent	

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.		81 Name		82 Street Address (P.O. Box Number is Not Acceptable)		83		84 City		85 Zip Code	
---	--	---------	--	---	--	----	--	---------	--	-------------	--

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	P	RAHN, WILLIAM H.		1.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>		
NAME	RAHN, WILLIAM H.	2837-26th St. No.		1.2 NAME			
STREET ADDRESS	1513-4TH ST N	ST. PETERSBURG FL		1.3 STREET ADDRESS			
CITY-ST-ZIP	ST. PETERSBURG FL			1.4 CITY-ST-ZIP			
TITLE	VTS	RAHN, MARGARET A.		2.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>		
NAME	RAHN, MARGARET A.	2837-26th St. N.		2.2 NAME			
STREET ADDRESS	1513-4TH ST N	ST. PETERSBURG FL		2.3 STREET ADDRESS			
CITY-ST-ZIP	ST. PETERSBURG FL			2.4 CITY-ST-ZIP			
TITLE				3.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>		
NAME				3.2 NAME			
STREET ADDRESS				3.3 STREET ADDRESS			
CITY-ST-ZIP				3.4 CITY-ST-ZIP			
TITLE				4.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>		
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY-ST-ZIP				4.4 CITY-ST-ZIP			
TITLE				5.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>		
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE				6.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>		
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				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 on an attachment, within an address.

SIGNATURE:  President - 4/7/98 (812) 322-1870

CR2E034 (10/97)