

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

FILED

Apr 28 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Northam</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # K49170 (9)**

1. Corporation Name  
**RAHN PIER MGT., INC.**

Principal Place of Business <b>1512 E BROWARD BLVD SUITE 301 FT LAUDERDALE FL 33301</b>	Mailing Address <b>1512 E BROWARD BLVD SUITE 301 FT LAUDERDALE FL 33301-2180</b>
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2. Principal Place of Business <b>21 450 E. LAS OLAS BLVD.</b> Suite, Apt. #, etc. <b>22 SUITE 700</b> City & State <b>23 FT. LAUDERDALE, FL</b> Zip <b>24 33301</b>	2a. Mailing Address <b>26 450 E. LAS OLAS BLVD.</b> Suite, Apt. #, etc. <b>27 SUITE 700</b> City & State <b>28 FT. LAUDERDALE, FL</b> Zip <b>29 33301</b>
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3. Date Incorporated or Qualified <b>12/05/1988</b>	3a. Date of Last Report <b>05/01/1996</b>
4. FEI Number <b>65-0083227</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. 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

**GARDINA, CAROL J  
1512 E BROWARD BLVD  
SUITE 301  
FT LAUDERDALE FL 33301**

10. Name and Address of New Registered Agent

**81 Name**  
**82 Street Address (P.O. Box Number is Not Acceptable)**  
**450 EAST LAS OLAS BLVD.**  
**83 SUITE 700**  
**84 City**  
**FT. LAUDERDALE**  
**85 Zip Code**  
**FL 33301**

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

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	ROBERTS, PETER H.	
STREET ADDRESS	1512 E BROWARD BLVD, #301	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	ANDERSON, JOHN H.	
STREET ADDRESS	1512 E BROWARD BLVD, #301	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE	VT	<input type="checkbox"/> DELETE
NAME	STIRK, ROBERT J	
STREET ADDRESS	1512 E BROWARD BLVD, #301	
CITY-ST-ZIP	FT. LAUDERDALE FL	
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	450 EAST LAS OLAS BLVD., SUITE 700
1.4 CITY-ST-ZIP	FT. LAUDERDALE, FL 33301
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	450 EAST LAS OLAS BLVD., SUITE 700
2.4 CITY-ST-ZIP	FT. LAUDERDALE, FL 33301
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	450 EAST LAS OLAS BLVD., SUITE 700
3.4 CITY-ST-ZIP	FT. LAUDERDALE, FL 33301
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: Robert J. Stirk ROBERT J. STIRK 418-97 957-524-5336  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)