


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

FILED
May 11, 1999 8:00 am
Secretary of State

05-11-1999 90025 047 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # K49170

1. Corporation Name
RAHN PIER MGT., INC.

Principal Place of Business
450 E. LAS OLAS BLVD.
STE. 700
FT LAUDERDALE FL 33301
US

Mailing Address
450 E. LAS OLAS BLVD.
STE. 700
FT LAUDERDALE FL 33301
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 450 E. Las Olas Blvd. Suite, Apt. #, etc. 22 Suite 1400 City & State 23 Fort Lauderdale, FL Zip 24 33301	2a. Mailing Address 26 450 E. Las Olas Blvd. Suite, Apt. #, etc. 27 Suite 1400 City & State 28 Fort Lauderdale, FL Zip 29 33301	Country 25 US 30 US
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3. Date Incorporated or Qualified 12/05/1988	4. FEI Number 65-0093227	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
8. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent GARDINA, CAROL J 450 E. LAS OLAS BLVD. STE. 700 FT LAUDERDALE FL 33301	10. Name and Address of New Registered Agent 81 Name American Information Services, Inc. 82 Street Address (P.O. Box Number is Not Acceptable) One S.E. Third Avenue, 28th Floor 83 84 City Miami FL 85 Zip Code 33131
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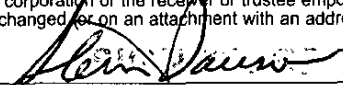
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. 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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ROBERTS, PETER H. 450 E. LAS OLAS BLVD., STE. 700 FT. LAUDERDALE FL <input checked="" type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	President, Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Richard C. Rochon 450 East Las Olas Blvd., Suite 1400 Fort Lauderdale, FL 33301
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ANDERSON, JOHN H. 450 E. LAS OLAS BLVD., STE. 700 FT. LAUDERDALE FL <input checked="" type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	Vice President, Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition William M. Pierce 450 East Las Olas Blvd., Suite 1400 Fort Lauderdale, FL 33301
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT STIRK, ROBERT J 450 E. LAS OLAS BLVD., STE. 700 FT. LAUDERDALE FL <input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	Vice President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Robert J. Stirk 450 East Las Olas Blvd., Suite 1400 Fort Lauderdale, FL 33301
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	Vice President, Director, Secretary <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Richard L. Handley 450 East Las Olas Blvd., Suite 1400 Fort Lauderdale, FL 33301
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	Treasurer <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Steven M. Dauria 450 East Las Olas Blvd., Suite 1400 Fort Lauderdale, FL 33301
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 with an address, with all other like empowered.

SIGNATURE:

 Steven M. Dauria

4-30-99

Date

954-712-1300

Daytime Phone #

CR2E034 (11/98)