

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortman
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

MAY - 1 AM 9:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

DOCUMENT # **K77695** (0)
1. Corporation Name
RAHAN BUILDING CORPORATION

Principal Place of Business: **1510 SW 149 AVE. PEMBROKE PINES FL 33027**
Mailing Address: **1510 SW 149 AVE. PEMBROKE PINES FL 33027**

3. Date of next report: **03/23/1999** 3a. Date of Last Report: **10/14/1994**

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21	26	65-0117593	Not Applicable
State Apt # etc	State Apt # etc	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
22	27	6. Election Campaign Financing	<input type="checkbox"/> \$5.00 May Be Added to Fees
City & State	City & State	7. This corporation has liability for intangible tax under s. 199.054, Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
23	28	24	25
29	30	9. Name and Address of Current Registered Agent	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
STEWART, DENNIS 800 N.E. 62ND ST., STE. 400 FORT LAUDERDALE FL 33334		81. Name	
		82. Street Address (P.O. Box Number, Not Applicable)	
		83. City	
		84. City	FL 85. Zip Code

11. Pursuant to the provisions of Sections 607.05(4) and 607.15(8), 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, thereby accept the appointment as registered agent. I am filing with and accept the obligations of Section 607.05(5), Florida Statutes.

SIGNATURE: _____ DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
1. NAME	DP RISSMAN, RAINEY S. 800 NE 62ND ST., #400 FORT LAUDERDALE FL	1. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. STREET ADDRESS		2. STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3. CITY		3. CITY	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4. NAME		4. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5. STREET ADDRESS		5. STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. CITY		6. CITY	<input type="checkbox"/> Change <input type="checkbox"/> Addition
7. NAME		7. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
8. STREET ADDRESS		8. STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
9. CITY		9. CITY	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME		10. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11. STREET ADDRESS		11. STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. CITY		12. CITY	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I hereby certify that the information supplied with this filing is voluntary, honest and does not equal, for the exemption stated in section 199.054, Florida Statutes. I further certify that this filing is made in good faith and that the information is true and correct and that my signature is a true and correct signature and that my filing is not that of an officer or director of the corporation or the manager or other responsible person in the corporation as required by s. 199.054, Florida Statutes, and that my filing is not that of a person who is not a resident of the State of Florida.

SIGNATURE:

SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Handwritten Signature]

4-24-95 (SOF) 436-9300

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CORPORATION
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1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Murphree
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **K77962** (4)

1. Corporation Name:
CONDO MEDIA CORP.

SECRET
TALLAHASSEE, FLORIDA

Principal Place of Business: **% MICHAEL E. NEBEL
P O BOX 533638
ORLANDO FL 32853**

Mailing Address: **% MICHAEL E. NEBEL
P O BOX 533638
ORLANDO FL 32853**

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified: **04/05/1989**
3a. Date of Last Report: **04/22/1994**

2. Principal Place of Business	2b. Mailing Address	4. FEI Number	Applied For
21	26	59-2948645	Not Applicable
State - Apt # etc	State - Apt # etc	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
22	27	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
City & State	City & State	28	
23	28	8. This corporation has liability for intangible tax under § 190.022, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No
Zip	Country	29	30
24	25	29	30

9. Name and Address of Current Registered Agent

**NEBEL MICHAEL E
2699 LEE RD STE 260
WINTER PARK FL 32789**

10. Name and Address of New Registered Agent

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

11. Pursuant to the provisions of sections 607.0507 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent. In doing so, as the State of Florida, such change was authorized by the corporation's board of directors. Thereby, accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0507, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

12a. NAME	D STEINMAN, ALLAN
12b. STREET ADDRESS	P.O. BOX 948643 N/A MAITLAND FL
12c. CITY	
12d. STATE	
12e. ZIP	
12f. NAME	D STEINMAN, FLORENCE L.
12g. STREET ADDRESS	P. O. BOX 948643 N/A MAITLAND FL
12h. CITY	
12i. STATE	
12j. ZIP	
12k. NAME	
12l. STREET ADDRESS	
12m. CITY	
12n. STATE	
12o. ZIP	
12p. NAME	
12q. STREET ADDRESS	
12r. CITY	
12s. STATE	
12t. ZIP	

13. ADDITIONS, CHANGES, DELETIONS AND DIRECTORS IN C.

13a. NAME	13b. STREET ADDRESS	13c. CITY	13d. STATE	13e. ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13f. NAME	13g. STREET ADDRESS	13h. CITY	13i. STATE	13j. ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13k. NAME	13l. STREET ADDRESS	13m. CITY	13n. STATE	13o. ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13p. NAME	13q. STREET ADDRESS	13r. CITY	13s. STATE	13t. ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13u. NAME	13v. STREET ADDRESS	13w. CITY	13x. STATE	13y. ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13z. NAME	13aa. STREET ADDRESS	13ab. CITY	13ac. STATE	13ad. ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I, the undersigned, certify that the information supplied with this filing is substantially true and correct 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 at the time of filing this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12a or 12f. If it changed or was an alternate, with an address.

SIGNATURE: *Florence L. Steinman* Director
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-27-95 (401) 962-9632