


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

FILED

Apr 25 1997 8:00am
Secretary of State

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|---|--|---|--|--|--|
| PROFIT CORPORATION ANNUAL REPORT 1997 | |  | | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS | |
| DOCUMENT # M14156 (7) | | | | | |
| 1. Corporation Name RAHN HOTELS, INC. | | | | | |



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| Principal Place of Business 1512 E. BROWARD BLVD., STE 301 FT. LAUDERDALE FL 33301 | Mailing Address 1512 E. BROWARD BLVD., STE 301 FT. LAUDERDALE FL 33301-2180 |
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|--|--|---|--|---|--|--|--|
| 2. Principal Place of Business 450 E. LAS OLAS BLVD. | | 2a. Mailing Address 450 E. LAS OLAS BLVD. | | 3. Date Incorporated or Qualified 04/18/1985 | | 3a. Date of Last Report 05/01/1996 | |
| Suite, Apt. #, etc. SUITE 700 | | Suite, Apt. #, etc. SUITE 700 | | 4. FEI Number 59-2541812 | | Applied For: Not Applicable | |
| City & State FT. LAUDERDALE, FL | | City & State FT. LAUDERDALE, FL | | 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 A Fee Required | |
| Zip 33301 | | Zip 33301 | | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| Country FL | | Country FL | | 8. This corporation has liability for intangible tax under s. 19... Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | | |

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|--|--|--|--|--|--|--|--|
| 9. Name and Address of Current Registered Agent GARDINA, CAROL J. 1512 E. BROWARD BLVD., STE 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 FL 85 Zip Code 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 | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|-------------------------------------|---|--|
| TITLE | VSD <input type="checkbox"/> DELETE | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | ANDERSON, JOHN H. | 1.2 NAME | |
| STREET ADDRESS | 1512 E BROWARD BLVD 301 | 1.3 STREET ADDRESS | 450 EAST LAS OLAS BLVD., SUITE 700 |
| CITY-ST-ZIP | FT. LAUDERDALE FL | 1.4 CITY-ST-ZIP | FT. LAUDERDALE, FL 33301 |
| TITLE | PD <input type="checkbox"/> DELETE | 2.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | ROBERTS, PETER H. | 2.2 NAME | |
| STREET ADDRESS | 1512 E BROWARD BLVD 301 | 2.3 STREET ADDRESS | 450 EAST LAS OLAS BLVD., SUITE 700 |
| CITY-ST-ZIP | FT. LAUDERDALE FL | 2.4 CITY-ST-ZIP | FT. LAUDERDALE, FL 33301 |
| TITLE | VT <input type="checkbox"/> DELETE | 3.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | STIRK, ROBERT J. | 3.2 NAME | |
| STREET ADDRESS | 1512 E BROWARD BLVD 301 | 3.3 STREET ADDRESS | 450 EAST LAS OLAS BLVD., SUITE 700 |
| CITY-ST-ZIP | FT. LAUDERDALE FL | 3.4 CITY-ST-ZIP | FT. LAUDERDALE, FL 33301 |
| TITLE | <input type="checkbox"/> DELETE | 4.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 4.2 NAME | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | 450 EAST LAS OLAS BLVD., SUITE 700 |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | FT. LAUDERDALE, FL 33301 |
| TITLE | <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 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** 4/18/97 954.524.5336
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)