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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

P93000013669 (5) DOCUMENT # 1. Corporation Name

RAUCH & BRODY, P.A.

Defendant Dec					
	ce of Business	Mailing Address		. cancidar ein intel tillt #011) 2011(abus sausi mada iring bilita dilita 1911 1981.
SUITE 202.	FHLAKE BLVD PALM BEACH GARDENS OFFICE PARK CH GARDENS FL 33410-6269	4362 NORTHLAKE B SUITE 202, PALM BI PALM BEACH GARD	EACH GARDENS OFFICE PARK		
				 Date Incorporated or Qualified 02/12/1993 	3a. Date of Last Report 04/27/1995
	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
Suite, Apt.	# ole	26		65-0390901	Not Applicable
22	. ", 000.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
City & Stat	te	City & State			Fee Required
23		28		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be
Zφ	Country	Zip	Country	· · · · · · · · · · · · · · · · · · ·	Added to Fees
24	25	29	30	This corporation has liability for in Florida Statutes Yes	ntangible tax under s. 199.032,
	9. Name and Address of Current	Registered Agent		10. Name and Address of New Re	
P			81 Name		
	, ROBERT		82 Street Address	ss (P.O. Box Number is Not Acceptable	
	ORTHLAKE BLVD		JUZ Sired Addres	ss (F.O. Box number is not acceptable	B)
SUILE	202, PALM BEACH GARDENS OF	FICE PARK	83		
PALM t	BEACH GARDENS FL 33410-6269		84 City		
			1 1 - 7		85 Zip Code
11. Pursuant	to the provisions of Sections 607.0502 a red agent, or both, in the State of Florida	and 607.1508, Florida Statu	ites, the above named corporat	ion submits this statement for the purp	ose of changing its registered offic
or registe		a south change was authon,	zea by the corporation's board	of directors. Thereby accept the appoi	intment as registered agent. I am
or registe familiar w	red agent, or both, in the State of Florida fith, and accept the obligations of, Section	n 607.0505, Florida Statute	ı\$,		
familiar wi	ith, and accept the obligations of, Section	- Corrosco, Florida Clatato	ıs.		
familiar wi SIGNATURE	ith, and accept the obligations of, Section	nd title if apolicable (N	ς,	ther reinstating)	DATE
familiar wi SIGNATURE 12.	nth, and accept the obligations of, Section Signature, typed or philate name of registered agent an OFFICERS AND	nd title if applicable (N	OTE Registered Agent signature required w		
familiar wi SIGNATURE 12.	Sky whire, typed or printed name of registered agent an OFFICERS AND	nd title if apolicable (N	OTE Registered Agent signature required w	other reinstatings ADDITIONS/CHANGES TO OFFIC	
tamiliar wi SIGNATURE 12. Title NAME	Sky lating, typed or printed name of registered epent an OFFICERS AND DPT BRODY, ROBERT	nd stie if apolicable (No. DIRECTORS DELETÉ	OTE Registered Agent signature required w		DERS AND DIRECTORS IN 12
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4.25.96 (407)624.3500
Date: Describe Phone #