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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **P93000035088 (2)**

1. Corporation Name
RAHN PIER, INC.

Principal Place of Business	Mailing Address
1512 E. BROWARD BLVD. SUITE 301 FT. LAUDERDALE FL 33301	1512 E. BROWARD BLVD. SUITE 301 FT. LAUDERDALE FL 33301-2190

3. Date Incorporated or Qualified: 05/14/1993
3a. Date of Last Report: 05/01/1996

2. Principal Place of Business
21 450 E. Las Olas Blvd.
22 Suite, Apt. #, etc. Suite 700
23 City & State: Ft. Lauderdale, FL
24 Zip: 33301
25 Country:

2a. Mailing Address
26 450 E. Las Olas Blvd.
27 Suite, Apt. #, etc. Suite 700
28 City & State: Ft. Lauderdale, FL
29 Zip: 33301
30 Country:

4. FEI Number: 65-0418131 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

GARDINA, CAROL
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 E. Las Olas Blvd., Suite 700
83
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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PSD	☐ DELETE	1.1 TITLE		☒ Change ☐ Addition
NAME	ANDERSON, JOHN H		1.2 NAME		
STREET ADDRESS	1512 E. BROWARD BLVD.,#301		1.3 STREET ADDRESS	450 E. Las Olas Blvd., Ste 700	
CITY-ST-ZIP	FT. LAUDERDALE FL		1.4 CITY-ST-ZIP	Ft. Lauderdale, FL 33301	
TITLE	VD	☐ DELETE	2.1 TITLE		☒ Change ☐ Addition
NAME	ROBERTS, PETER H		2.2 NAME		
STREET ADDRESS	1512 E BROWARD BLVD, STE 301		2.3 STREET ADDRESS	450 E. Las Olas Blvd., Ste 700	
CITY-ST-ZIP	FT LAUDERDALE FL		2.4 CITY-ST-ZIP	Ft. Lauderdale, FL 33301	
TITLE	TV	☐ DELETE	3.1 TITLE		☒ Change ☐ Addition
NAME	STIRK, ROBERT J		3.2 NAME		
STREET ADDRESS	1512 E BROWARD BLVD, STE 301		3.3 STREET ADDRESS	450 E. Las Olas Blvd., Ste 700	
CITY-ST-ZIP	FT LAUDERDALE FL		3.4 CITY-ST-ZIP	Ft. Lauderdale, FL 33301	
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (9/96)

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 3/3/97 (954) 524-5336
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0256323