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PROFIT
CORPORATION
ANNUAL REPORT
1998

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

**FILED** 

Jan 21 1998 8:00am

Secretary of State

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

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DOCUI 1. Corporation	MENT # P94000	)002249 (8	3)		}		
	RAUB CONSULTANTS, INC.		•				
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Principal Place	a of Business	Mailing Address				/// <b>20</b> /// <b>30</b> /// <b>10</b> /// // <b>10</b> //	
2900 SOUTH		2800 SOUTH OCEAN E	RIVD				
2M		2M	•		DO NOT WOITE	E IN TUIS COACE	
BOCA RATON	I FL 33432	BOCA RATON FL 3343	32		3. Date Incorporated or Qualified	E IN THIS SPACE	
					01/04/1994		
_ :	Place of Business	2a. Mailing Address			4. FEI Number		Applied For
Sulte, Apt.	# elc	Suite, Apt. #, etc.			65-0459215		Not Applicable  75 Additional
22	11, 010.	27			5. Certificate of Status Desired		e Required
City & State	е	City & State	· · · · · · · · · · · · · · · · · · ·		6. Election Campaign Financing	\$5.	00 May Be
23	<del></del>	28			Trust Fund Contribution		ded to Fees
Zip 24	Country	Z <sub>I</sub> p	Country 30		This corporation owes or has particular Personal Property Tax due June		ir Intangible
-1	9. Name and Address of Curren	1	1801		10. Name and Address of New Re		
SIE	GEL, RONALD L		81 N	ame			
	4 NORTH FEDERAL HWY		82 S	treet Addres	ss (P.O. Box Number is Not Acceptal	ble)	
SUITE 360			63				
BOO	CA RATON FL 33431		63				
			84 C	ity		F1 85	Zip Code
11, Pursuant I	to the provisions of Sections 607.0502	2 and 607.1508, Florida Sta	itutes, the above-na	amed corpo	ration submits this statement for the	ourpose of changi	ng its registered
11, Pursuant I office or re agent. I as	to the provisions of Sections 607.0503 egistered agent, or both, in the State on familiar with, and accept the obliga	2 and 607.1508, Florida Sta of Florida. Such change wa ations of, Section 607.0505,	itutes, the above-na as authorized by the Florida Statutes.	amed corpo e corporatio	ration submits this statement for the policy board of directors. I hereby acce	purpose of changi pt the appointmen	ng its registered t as registered
SIGNATURE	to the provisions of Sections 607,050; egistered agent, or both, in the State im familiar with, and accept the obliga						ng its registered it as registered
SIGNATURE	Signature, typed or printed name of registered again	nt and title if applicable (N	NOTE: Registered Agent sig		d when reinstating)	DATE	
SIGNATURE	Signature, typed or printed name of registered agen OFFICERS AND	nt and title if applicable (N				DATE	TORS IN 12
SIGNATURE  12.  TITLE	Signature, typed or printed name of registered again	nt and title if applicable (N D DIRECTORS	NOTE: Registered Agent sig		d when reinstating)	DATE CERS AND DIREC	TORS IN 12
SIGNATURE	Signature, typed or printed name of registered ages OFFICERS AND WEINTRAUB, MORRIS 2800 SOUTH OCEAN BLVD.	nt and title if applicable (N D DIRECTORS	NOTE: Registered Agent sin	gnature required	d when reinstating)	DATE CERS AND DIREC	TORS IN 12
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