

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 11, 1999 8:00 am
Secretary of State

05-11-1999 90025 050 ***150.00

DOCUMENT # P94000046512

1. Corporation Name

RAHN BAHIA MAR MGMT., INC.

Principal Place of Business

450 E. LAS OLAS BLVD.
STE. 700
FORT LAUDERDALE FL 33301
US

Mailing Address

450 E. LAS OLAS BLVD.
STE. 700
FORT LAUDERDALE FL 33301
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/22/1994

4. FEI Number

65-0500488

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 owes the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

21 450 E. Las Olas Blvd.
Suite, Apt. #, etc.

22 Suite 1400

City & State

23 Fort Lauderdale, FL

Zip Country

24 33301 25 US

2a. Mailing Address

26 450 E. Las Olas Blvd.
Suite, Apt. #, etc.

27 Suite 1400

City & State

28 Fort Lauderdale, FL

Zip Country

29 33301 30 US

9. Name and Address of Current Registered Agent

GARDINA, CAROL J
450 E. LAS OLAS BLVD.
STE. 700
FORT LAUDERDALE FL 33301

10. Name and Address of New Registered Agent

81 Name

American Information Services, Inc.

82 Street Address (P.O. Box Number is Not Acceptable)

One S.E. Third Avenue, 28th Floor

83

84 City

Miami

FL

85 Zip Code

33131

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☒ DELETE

NAME ROBERTS, PETER H
STREET ADDRESS 450 EAST OLAS BLVD., STE. 700
CITY-ST-ZIP FORT LAUDERDALE FL

TITLE VD ☒ DELETE

NAME ANDERSON, JOHN H
STREET ADDRESS 450 E. LAS OLAS BLVD., STE. 700
CITY-ST-ZIP FORT LAUDERDALE FL

TITLE VT ☐ DELETE

NAME STIRK, ROBERT J
STREET ADDRESS 450 E. LAS OLAS BLVD., STE. 700
CITY-ST-ZIP FORT LAUDERDALE FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE President, Director ☒ Change ☐ Addition

1.2 NAME Richard C. Rochon

1.3 STREET ADDRESS 450 East Las Olas Blvd., Suite 1400

1.4 CITY-ST-ZIP Fort Lauderdale, FL 33301

2.1 TITLE Vice President and Director ☒ Change ☐ Addition

2.2 NAME William M. Pierce

2.3 STREET ADDRESS 450 East Las Olas Blvd., Suite 1400

2.4 CITY-ST-ZIP Fort Lauderdale, FL 33301

3.1 TITLE Vice President ☒ Change ☐ Addition

3.2 NAME Robert J. Stirk

3.3 STREET ADDRESS 450 East Las Olas Blvd., Suite 1400

3.4 CITY-ST-ZIP Fort Lauderdale, FL 33301

4.1 TITLE Vice President and Director ☐ Change ☒ Addition

4.2 NAME Richard L. Handley

4.3 STREET ADDRESS 450 East Las Olas Blvd., Suite 1400

4.4 CITY-ST-ZIP Fort Lauderdale, FL 33301

5.1 TITLE Treasurer ☐ Change ☒ Addition

5.2 NAME Steven M. Dauria

5.3 STREET ADDRESS 450 East Las Olas Blvd., Suite 1400

5.4 CITY-ST-ZIP Fort Lauderdale, FL 33301

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Steven Dauria 4-30-99 954-712-1300

CR2E034 (11/98)

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