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

Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000093468 (4)

THE RAUSCH ORGANIZATION, INC.

B715 BANYAN COURT 8715 BANYAN COURT TAMARAC FL 33321-2631 TAMARAC FL 33321 3. Date Incorporated or Qualified 3a. Date of Last Report 01/01/1995 06/21/1996 2. Principal Place of Business 2a. Mailing Address FÉI Number Applied For 3905 North Nob Hill RI#210 26 65-0557115 Not Applicable Suite, Apt #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be SUNRIN 23 28 Trust Fund Contribution Added to Fees Zip Country 8. This corporation has liability for intangible tax under s. 199.032, 24 29 Florida Statutes ☐ Yes ☐ No 25 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name **AMERILAWYER** 343 ALMERIA AVENUE 82 Street Address (P.O. Box Number is Not Acceptable) CORAL GABLES FL 33134 83 84 Zip Code City 507 0502 and 607 1508, Florida Statules, the above-named corporation submits this statement for the purpose of changing its registered is State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered to obligations of, Section 607 0505, Florida Statutes. 11. Pursuant to the provisions office or registered agept agent I am familiar with SIGNATURE. of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. TITLE DELETE 1.1 TITLE Change Addition RAUSCH, JONATHAN D NAME 1.2 NAME **8715 BANYAN COURT** STREET ADDRESS 1.3 STREET ADDRESS TAMARAC FL 33321 CITY-ST-20 1.4 CITY - ST-ZIP DELETE TITLE 2.1 TITLE Change Addition NAME 2.2 NAME

2.3 STREET ADDRESS

3.3 STREET ADDRESS

4.3 STREET ADDRESS

5.3 STREET ADDRESS

63 STREET ADDRESS

5.4 CITY - ST - ZIP

4.4 City - St - 7iP

3.4, CITY-ST-ZIP

2. 4 CITY - ST - ZIP

3.1 TITLE

3.2 NAME

4.1 TITLE

4.2 NAME

5.1 TITLE

52 NAME

6.1 TITLE

6.2 NAME

DELETE

DELETE

DELETE

DELETE

14. If 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 chapted, or may attachment with an address.

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-7/P

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-2IP

TITLE NAME

TITLE

NAME

NAME

TITLE

NAME

LAND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/15/92 954 360-1103

Change

Change

Addition

Addition

Addition

Addition

FILED

Feb 21 1997 8:00am

Secretary of State