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PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

DOCUMENT # P95000094067

1. Corporation Name

RAHN ASSET MANAGEMENT INC.

Principal Place of Business

450 EAST LAS OLAS BLVD.  
SUITE 700  
FT LAUDERDALE FL 33301  
US

Mailing Address

450 EAST LAS OLAS BLVD.  
SUITE 700  
FT LAUDERDALE FL 33301  
US

2. Principal Place of Business

2a. Mailing Address

21 1050 Lee Wagener Boulevard

26 1050 Lee Wagener Boulevard

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Suite 301

27 Suite 301

City & State

City & State

23 Ft. Lauderdale, FL

28 Ft. Lauderdale, FL

Zip Country

Zip Country

24 33315

25 USA

29 33315

30 USA

9. Name and Address of Current Registered Agent

GARDINA, CAROL  
450 EAST LAS OLAS BLVD  
SUITE 700  
FT LAUDERDALE FL 33301

81 Name

Lawrence N. Rosen

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

2925 Aventura Boulevard

83 Suite

Suite 308

84 City

Aventura

FL

85 Zip Code  
33180

11. Pursuant to the provisions of Sections 607.05(2) 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 provisions of, Section 607.0505, Florida Statutes.

SIGNATURE

Lawrence N. Rosen

April 28, 1999

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 ☒ DELETE

NAME PD  
ANDERSON, JOHN H  
STREET ADDRESS 450 EAST LAS OLAS BLVD, SUITE 700  
CITY-ST-ZIP FT LAUDERDALE FL

TITLE ☒ DELETE

NAME VD  
ROBERTS, PETER H  
STREET ADDRESS 450 EAST LAS OLAS BLVD, SUITE 700  
CITY-ST-ZIP FT LAUDERDALE FL

TITLE ☒ DELETE

NAME VT  
STIRK, ROBERT J  
STREET ADDRESS 450 EAST LAS OLAS BLVD, SUITE 700  
CITY-ST-ZIP FT 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

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☒ Addition

12 NAME P  
David Ross  
13 STREET ADDRESS 6860 Lions Head Lane  
14 CITY-ST-ZIP Boca Raton, Florida 33496

21 TITLE ☐ Change ☒ Addition

22 NAME V/S/T  
Jeffrey M. Levine  
23 STREET ADDRESS 1050 Lee Wagener Boulevard, Suite 301  
24 CITY-ST-ZIP Ft. Lauderdale, FL 33315

31 TITLE ☐ Change ☐ Addition

32 NAME 800002866598--4  
33 STREET ADDRESS -05/07/99--01030--017  
34 CITY-ST-ZIP \*\*\*1200.00 \*\*\*150.00

41 TITLE ☐ Change ☐ Addition

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition

62 NAME

63 STREET ADDRESS

64 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:

David Ross

April 28, 1999

(561)852-7100

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)