SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # **J66545** **(1)**

1. Corporation Name
JANET RABIN, INC.

Principal Place of Business	Mailing Address
~~2281 LEE ROAD~~ ~~SUITE 205~~ ~~WINTER PARK FL 32789~~ US	~~2281 LEE ROAD~~ ~~SUITE 205~~ ~~WINTER PARK FL 32789~~ US

2. Principal Place of Business	2a. Mailing Address
21 432 Copperstone Circle	26 432 Copperstone Circle
22 Suite, Apt. #, etc	27 Suite, Apt. #, etc
23 Casselberry Fla	28 Casselberry Fla
24 Zip 32707 25 Country US	29 Zip 32707 30 Country US

3. Date Incorporated or Qualified: 04/10/1987
3a. Date of Last Report: 05/01/1995
4. FEI Number: 59-2793284 ☐ 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

RABIN, BENNETT L.
~~10030 59TH AVENUE N~~
ST. PETE FL 33708

10. Name and Address of New Registered Agent

81 Name: Rabin, Bennett L
82 Street Address (P.O. Box Number is Not Acceptable)
83: 6579 Renaldo Way S.
84 City: St. Pete FL 85 Zip Code: 33707

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: Janet Rabin President 7/1/96
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	D	☐ DELETE
NAME	RABIN, JANET S.	
STREET ADDRESS	~~2281 LEE ROAD #205~~	
CITY-ST-ZIP	~~WINTER PARK FL~~	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
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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		☒ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS	432 Copperstone Circle	
1.4 CITY-ST-ZIP	Casselberry, Fla 32707	
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

CR2E034 (3/96)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Janet Rabin 7/8/96 President 407 6995237
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #