

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **502426** (0)

1. Corporation Name
RUDOLPH STEINHAUSER JR., D.D.S., P.A.



Principal Place of Business Mailing Address
399 TEQUESTA DR., SUITE #104 TEQUESTA FL 33469

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Zip 29 Country 30 Country

9. Name and Address of Current Registered Agent

**STEINHAUSER, RUDOLPH
399 TEQUESTA DRIVE
SUITE 104
TEQUESTA FL 33469**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code
FL

3. Date Incorporated or Qualified **04/30/1976** 3a. Date of Last Report **04/03/1995**
4. FEI Number **59-1670791** 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
10. Name and Address of New Registered Agent

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits the 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. Thereby 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 Mailing address

DATE _____
Date Registered Agent's Signature and Mailing address

DATE _____
Date

12. OFFICERS AND DIRECTORS
TITLE [] DELETE
NAME **P STEINHAUSER JR., RUDOLPH**
STREET ADDRESS **19124 WATERWAY ROAD**
CITY-STATE-ZIP **TEQUESTA FL**
TITLE [] DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP
TITLE [] DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP
TITLE [] DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP
TITLE [] DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE [] Change [] Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-STATE-ZIP [] Change [] Addition
2.1 TITLE [] Change [] Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-STATE-ZIP
3.1 TITLE [] Change [] Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-STATE-ZIP [] Change [] Addition
4.1 TITLE [] Change [] Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-STATE-ZIP
5.1 TITLE [] Change [] Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-STATE-ZIP [] Change [] Addition
6.1 TITLE [] Change [] Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-STATE-ZIP

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)(c), 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 registered agent or I am so 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 added in attachment with an address.

SIGNATURE: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/5/96 407-746-4004
Date Filed Date Filed

CR2E034 (12/95)