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FILED
Apr 27, 1999 8:00 am
Secretary of State

04-27-1999 90051 028 ***150.00

**PROFIT
CORPORATION
ANNUAL REPORT
1999**



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

DOCUMENT # F94000002566

1. Corporation Name

RAITT CORPORATION

Principal Place of Business

**815 W. SAMPLE
SOUTH BEND IN 46601**

Mailing Address

**815 W. SAMPLE
SOUTH BEND IN 46601**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/17/1994

4. FEI Number

35-1010770

Applied For

No 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 Suite, Apt. #, etc.

23 City & State

24 Zip **25** Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip **29** Country

9. Name and Address of Current Registered Agent

**FISHMAN, ALAN S P.A.
2300 W. SAMPEL RD., #202
POMPANO BEACH FL 33073**

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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	P	<input type="checkbox"/> DELETE
NAME	CHODOCK, JAY	
STREET ADDRESS	815 W. SAMPLE	
CITY-ST-ZIP	SOUTH BEND IN 46601	
TITLE	S	<input type="checkbox"/> DELETE
NAME	NANCY CHADOCK	
STREET ADDRESS	815 W. SAMPLE	
CITY-ST-ZIP	SOUTH BEND IN 46601	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	ROBERT DUNBAR	
STREET ADDRESS	815 W. SAMPLE	
CITY-ST-ZIP	SOUTH BEND IN 46601	
TITLE	C	<input type="checkbox"/> DELETE
NAME	RAITZIN, SAMUEL	
STREET ADDRESS	815 W SAMPLE	
CITY-ST-ZIP	SOUTH BEND IN	
TITLE	T	<input type="checkbox"/> DELETE
NAME	DONA WEINRAUB	
STREET ADDRESS	815 W SAMPLE ST	
CITY-ST-ZIP	SOUTH BEND IN 46601	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SHIRLEY RAITZIN	
STREET ADDRESS	815 W SAMPLE ST	
CITY-ST-ZIP	SOUTH BEND IN 46601	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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

15 APRIL 99

219-287-8122

Date

Daytime Phone #

CR2E034 (11/98)