FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED
95 MAY 11 AM 11:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # H84886 (1)

1. Corporation Name
PETER E. ROZENDAL, R.P.T., INC.

Principal Place of Business:
2203 GARDEN ST
TITUSVILLE FL 32746
US

Mailing Address:
188 DUBLIX DR
LAKE MARY FL 32746
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/12/1985
3a. Date of Last Report: 07/06/1994
4. FEI Number: 59-2600019 — 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 is not liable for intangible tax under s. 199 (...) Florida Statutes. [ ] Yes [X] No

2. Principal Place of Business
21 188 Dublin Drive
22 Suite, Apt. # etc.
23 City & State: Lake Mary, FL
24 Zip: 32746
25 Country: USA

2a. Mailing Address
26 P.O. Box 952676
27 Suite, Apt. # etc.
28 City & State: Lake Mary, FL
29 Zip: 32795-2676
30 Country: USA

9. Name and Address of Current Registered Agent
LEHRER, THOMAS H.
19 SOUTHEAST THIRD AVENUE
FORT LAUDERDALE FL 33301

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 617.0502, 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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
TITLE	DP	TITLE	[ ] Change [ ] Addition
NAME	ROZENDAL, PETER E.	NAME	
STREET ADDRESS	188 DUBLIN DR	STREET ADDRESS	
CITY-ST-ZIP	LAKE MARY FL	CITY-ST-ZIP	
TITLE	DST	TITLE	[ ] Change [ ] Addition
NAME	CABAJ, JANINE M.	NAME	
STREET ADDRESS	188 DUBLIN DR	STREET ADDRESS	
CITY-ST-ZIP	LAKE MARY FL	CITY-ST-ZIP	
TITLE		TITLE	[ ] Change [ ] Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	[ ] Change [ ] Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	[ ] Change [ ] Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	[ ] Change [ ] Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

14. I 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)(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.

SIGNATURE: Peter Rozendal 05-05-95

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0000864 CP