

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 # **H98782 (6)**
1. Corporation Name
MICHAEL H. LAIT, P.A.



Principal Place of Business: **201 S. ORANGE AVENUE, SUITE 1010 ORLANDO FL 32801**
Mailing Address: **201 S. ORANGE AVENUE, SUITE 1010 ORLANDO FL 32801**

3. Date Incorporated or Qualified: **02/11/1986**
3a. Date of Last Report: **09/28/1995**
4. FEI Number: **59-2648943**
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

2. Principal Place of Business: **21**
2a. Mailing Address: **26 P.O. Box 772079**
22. Suite, Apt. #, etc.: **27**
23. City & State: **28 Winter Garden, FL.**
24. Zip: **29 34777-2079** 25. Country: **30 USA**

9. Name and Address of Current Registered Agent
**HAIT, MICHAEL H
201 S. ORANGE AVENUE, SUITE 1010
ORLANDO FL 32801**

10. Name and Address of New Registered Agent
81 Name: **Robert Duchesmin**
82 Street Address (P.O. Box Number is Not Acceptable): **201 S. Orange Ave. # 960**
83
84 City: **Orlando** 85 State: **FL** 86 Zip Code: **32801**

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 duties of, a registered agent under s. 607.0505, Florida Statutes.

SIGNATURE: *[Signature]* *[Signature]* **5-1-96**

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	LAIT, MICHAEL H.	
STREET ADDRESS	11449 LAKE BUTLER BLVD.	
CITY-ST-ZIP	WINDERMERE FL 34786	
TITLE	TS	<input type="checkbox"/> DELETE
NAME	LAIT, MICHAEL H. AIT	
STREET ADDRESS	11449 LAKE BUTLER BLVD.	
CITY-ST-ZIP	WINDERMERE FL 34786	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	LAIT, SUSAN E.	
STREET ADDRESS	11449 LAKE BUTLER BLVD.	
CITY-ST-ZIP	WINDERMERE FL 34786	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	201 S. Orange Ave #1010
1.4 CITY-ST-ZIP	Orlando, Florida 32801
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	201 S. Orange Ave. #1010
2.4 CITY-ST-ZIP	Orlando, FL. 32801
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Michael H. Lait
3.3 STREET ADDRESS	201 S. Orange Ave. #1010
3.4 CITY-ST-ZIP	Orlando, FL. 32801
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	900001863649
5.3 STREET ADDRESS	-06/17/96--01043--012
5.4 CITY-ST-ZIP	***225.00
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	400001863654
6.3 STREET ADDRESS	-06/17/96--01043--013
6.4 CITY-ST-ZIP	***8.75

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 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or in an attachment with an address.

SIGNATURE: *[Signature]* **5-1-96**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)