

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED

**Jan 20 1998 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # H98782 (6)

1. Corporation Name
MICHAEL H. LAIT, P.A.



DO NOT WRITE IN THIS SPACE

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

Mailing Address
**201 S. ORANGE AVE
1010
ORLANDO FL 32801
US**

3. Date Incorporated or Qualified
02/11/1986

2. Principal Place of Business
21 **11449 LAKE BUTLER BLVD**
Suite, Apt. #, etc.
22

2a. Mailing Address
28 **P.O. Box 2536**
Suite, Apt. #, etc.
27

City & State
23 **WINDERMERE FL**
28 **WINDERMERE, FL**

Zip
24 **34786** 25 **USA**
29 **34786** 30 **USA**

4. FEI Number
59-2648943

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 owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

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

10. Name and Address of New Registered Agent

B1 Name **Michael H. Lait**

B2 Street Address (P.O. Box Number is Not Acceptable)
11449 LAKE BUTLER BLVD.

B3

B4 City **WINDERMERE** FL B5 Zip Code **34786**

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 of both 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]* (NOTE: Registered Agent signature required when reinstating) DATE **1-8-98**

12. OFFICERS AND DIRECTORS

TITLE	PTSV	<input type="checkbox"/> DELETE
NAME	LAIT, MICHAEL H.	
STREET ADDRESS	201 S. ORANGE AVENUE, SUITE 1010	
CITY - ST - ZIP	ORLANDO FL 32801	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
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	VICE President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	SUSAN E. LAIT	
1.3 STREET ADDRESS	11449 LAKE BUTLER BLVD	
1.4 CITY - ST - ZIP	WINDERMERE, FL 34786	
2.1 TITLE	SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	HELEN BUCKY	
2.3 STREET ADDRESS	9151 ALIBO RIDGE ROAD	
2.4 CITY - ST - ZIP	GOtha, FL 34734	
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.

SIGNATURE: *[Signature]* **Michael Lait** 1-8-98 909-0901

CR2E034 (10/97)