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

**PROFIT** CORPORATION ANNUAL REPORT

1996



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

DOCUMENT # 1. Corporation Name

J13476

(3)

STEVEN A. RAJTAR, P.A.

| Principal Place of Business Mailing Address |                                     |  |  |   |  |
|---|-------------------------------------|--|--|---|--|
| 1850 LEE RI<br>SUITE 115<br>WINTER PAI      | D.<br>RK FL 32789                   | 1850 LEE RD.<br>Suite 115<br>Winter Park FL: | 32789                                      |   |  |
| WHILE FAIR 72 GEOG                          |                                     | VIII 1 7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1     |  | <ol> <li>Date Incorporated or Qualified<br/>05/07/1986</li> </ol>                     | 3a. Date of Last Report 01/19/1995   |
| 2. Principal Plac                           | e of Business                       | 2a. Mailing Address                          |  | 4. FEI Number   | Applied For  |
| 21 Cuita Act H                              | ote                                 | 26   |  | 59-2676759  | Not Applicable   |
| Suite, Apt. #,                              | e.c.                                | Suite, Apt. #, etc.                          |  | 5. Certificate of Status Desired  | \$8.75 Additional Fee Required   |
| Gity & State                                |                                     | City & State                                 |  | 6. Election Campaign Financing  | \$5.00 May Be  |
| 2 <b>3</b> ]<br>Zip                         | Country                             | <b>28</b>                                    | Country                                    | Trust Fund Contribution  8. This corporation has liability for in                     | Added to Leas  |
| 24  | 25                                  | 29   | 30   | Florida Statutes Yes  |  |
| . 1   | 9. Name and Address of Curr         |  |  | 10. Name and Address of New R   |  |
|   |                                     |  | 81 Name                                    |   |  |
| rajtaf                                      | r, steven a.                        |  | 82 Street Add                              | ress (P.O. Box Number is Not Acceptable   | le)  |
| 1850 LEE RD.                                |                                     |  | 0.700.7.00                                 |   |  |
| SUITE 115                                   |                                     |  | 83   |   |  |
| WINTER PARK FL 32789                        |                                     |  | 84 City                                    |   | 85 Zip Code  |
|   |                                     |  |  | ration submits this statement for the purp  |  |
| familiär with<br>SIGNATURE                  | , and accept the obligations of, So | ection 607.0505, Florida Statute             | S. OTC: Registered Agent signature require | ird of directors. I hereby accept the appoint   | DATE   |
| 12.   |                                     | NND DIRECTORS                                | 13.  | ADDITIONS/CHANGES TO OFF  | ICERS AND DIRECTORS IN 12  |
| TILE  | DP OTENTAL                          | ☐ DELETE                                     | 1.1 TITLE                                  |   | Change   |
| NAM:  | RAJTAR, STEVEN A.                   |  | 1.2 NAME                                   |   |  |
| SEREL ADDR: SS                              | 1850 LEE RD. #115<br>WINTER PARK FL |  | 1.3 STREET ADORESS                         |   |  |
| CIY-SI-ZiP                                  | ST ST                               | DELETE                                       | 1.4 CHY-SI-ZIP                             |   | Change Addition  |
| NAM:  | RAJTAR, GAYLE P.                    |  | 2 1 TITLE<br>2 2 NAME                      |   | Change Addition  |
| STREET ADDRESS                              | 1614 BIMINI DRIVE                   |  | 2 3 STREET ADORESS                         |   |  |
| CHY ST ZIP                                  | ORLANDO FL                          |  | 2.4 City-St-7iP                            |   |  |
| TOTAL                                       |                                     | DELETE                                       | 3 1 TIFLE                                  |   | Change Addition  |
| NAM:  |                                     |  | 3 2 NAME                                   |   |  |
| STREET ADDRESS                              |                                     |  | 3 3 STREET ADDRESS                         |   |  |
| City St Zift                                |                                     |  | 3.4 CITY - ST - ZIP                        |   |  |
| THE   |                                     | DELETE                                       | 4 1 TILLE                                  |   | Change   |
| NAME  |                                     |  | 4 2 NAME                                   |   |  |
| STREET ADDRESS                              |                                     |  | 4.3 STREET ADDRESS                         |   |  |
| CIY SI-7P                                   |                                     | E Drutte                                     | 4.4 CITY - ST - ZIP                        |   | D Observe D Address  |
| 1   [                                       |                                     | ☐ DELETE                                     | 5.1 TITLE                                  |   | Change Addition  |
| NAME<br>erosa i ambiere                     |                                     |  | 5.2 NAME                                   |   |  |
| STREET ADDRESS                              |                                     |  | 5.3 STREET ADDRESS                         |   |  |
| 1 TUF                                       |                                     | ☐ DELETE                                     | 5.4 CITY-ST-ZIP<br>6.1 TITLE               |   | Change Addition  |
| NAM:  |                                     |  | 6 2 NAME                                   |   | and a second sec |
| STREET ADDRESS                              |                                     |  | 6 3 STREET ADDRESS                         |   |  |
| CHY-ST ZP                                   |                                     |  | 6 4 CITY-ST-ZIP                            |   |  |
| 14. Lab hereby                              |                                     |  | nished and does not qualify t              | for the exemption stated in Section 119.  |  |
| oath; that I a                              |                                     | poration or the receiver or trust            | ee empowered to execute th                 | ate and that my signature shall have the<br>is report as required by Chapter 607, Flo |  |

SIGNATURE:

STEVEN A. RASTAR 1/16/96 (407) 628-05/1
SIGNATURE AND TYPED OR PRINTED PRINTED PROPERTY DELLE CONTROL DE CONTR