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

PROFIT
CORPORATION
ANNUAL REPORT
1999

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

FILED
May 05, 1999 8:00 am
Secretary of State
05-05-1999 90167 005 ***158.75

DOCUMENT # **J13476**

1. Corporation Name

STEVEN A. RAJTAR, P.A.

Principal Place of Business	Mailing Address
1850 LEE RD.	1850 LEE RD.
SUITE 115	SUITE 115
WINTER PARK FL 32789	WINTER PARK FL 32789

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed
05/07/1986

2. Principal Place of Business
21 | 155 Sabal Palm Dr.
22 | Suite, Apt. #, etc.
23 | City & State | Longwood, FL
24 | Zip | 32779 | 25 | Country | USA

2a. Mailing Address
26 | 155 Sabal Palm Dr.
27 | Suite, Apt. #, etc.
28 | City & State | Longwood, FL
29 | Zip | 32779 | 30 | Country | USA

4. FEI Number | Applied For
59-2676759 | Not Applicable

5. Certifcate 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

9. Name and Address of Current Registered Agent

RAJTAR, STEVEN A.
~~1850 LEE RD.~~
~~SUITE 115~~
~~WINTER PARK FL 32789~~

10. Name and Address of New Registered Agent

81 | Name

82 | Street Address (P.O. Box Number is Not Acceptable)
155 Sabal Palm Dr.
83 |

84 | City Longwood | FL | 85 | Zip Code 32779

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		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	☐ DELETE	1.1 TITLE	☒ Change	☐ Addition
NAME	RAJTAR, STEVEN A.		1.2 NAME	155 Sabal Palm Dr.	
STREET ADDRESS	~~1850 LEE RD. #115~~		1.3 STREET ADDRESS	Longwood, FL 32779	
CITY-ST-ZIP	~~WINTER PARK FL~~		1.4 CITY-ST-ZIP		
TITLE	ST	☐ DELETE	2.1 TITLE	☐ Change	☐ Addition
NAME	RAJTAR, GAYLE P.		2.2 NAME		
STREET ADDRESS	~~1014 BIMINI DRIVE~~ OK		2.3 STREET ADDRESS		
CITY-ST-ZIP	~~ORLANDO FL~~		2.4 CITY-ST-ZIP		
TITLE		☐ DELETE	3.1 TITLE	☐ Change	☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE	☐ Change	☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE	☐ Change	☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE	☐ Change	☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			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: _Steven A. Rajtar_
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date 4/30/99
Daytime Phone # 407-786-8820

CR2E034 (11/98)

0078798