

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # J28516 (9)

1. Corporation Name

RSR FINANCIAL PLANNERS, INC.



Principal Place of Business

Mailing Address

1411 DIPLOMAT PKY  
STE 420  
HOLLYWOOD FL 33019  
US

PO BOX 2225  
HOLLYWOOD FL 33022  
US

2. Principal Place of Business

2a. Mailing Address

21 2500 E HALLANDALE BLVD

26 Suite, Apt #, etc.

22 Ste 800

27 City & State

23 Hallandale FL

28 Zip

24 33009

29 Country

9. Name and Address of Current Registered Agent

RAWISZER, ROBERT S  
1411 DIPLOMAT PKY  
HOLLYWOOD FL 33019

3. Date Incorporated or Qualified

08/06/1986

3a. Date of Last Report

06/16/1995

4. FEI Number

59-2756823

Applied For  
☒ Not Applicable

5. Certificate of Status Desired

A

\$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

10. Name and Address of New Registered Agent

11. Name

12. Street Address (P.O. Box Number is Not Acceptable)

13. City

14. State

15. Zip Code

16. Signature

17. Title

18. Date

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, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title (applicable  
if the registered agent signature required when filing report)

(If the registered agent signature required when filing report)

DATE

12. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
PTD  
RAWISZER, ROBERT S.  
1411 DIPLOMAT PARKWAY  
HOLLYWOOD FL

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
S  
RAWISZER, DAVID  
1411 DIPLOMAT PKY  
HOLLYWOOD FL 33019

☒ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
S  
CLAUDIA RAWISZER  
1411 DIPLOMAT PKY  
HOLLYWOOD FL 33019

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY - ST - ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY - ST - ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY - ST - ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY - ST - ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY - ST - ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY - ST - ZIP

☐ Change ☐ Addition

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

SIGNATURE:

Signature and typed or printed name of signing officer or director

7-2-96 954-4559555

CR2E034 (3/96)