

**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. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **J66545 (1)**
1. Corporation Name

JANET RABIN, INC.



Principal Place of Business: 2281 LEE ROAD SUITE 205 WINTER PARK FL 32789 US
Mailing Address: 2281 LEE ROAD SUITE 205 WINTER PARK FL 32789 US

3. Date Incorporated or Qualified: **04/10/1987**
3a. Date of Last Report: **05/01/1995**
4. FEI Number: **59-2793284**
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 **432 Copperstone Circle**
2a. Mailing Address: 26 **432 Copperstone Circle**
22. Suite, Apt. #, etc.:
23. City & State: **Casselberry Fla**
24. Zip: **32707** 25. Country: **US**
27. Suite, Apt. #, etc.:
28. City & State: **Casselberry Fla**
29. Zip: **32707** 30. Country: **US**

9. Name and Address of Current Registered Agent
**RABIN, BENNETT L.
10030 59TH AVENUE N
ST. PETE FL 33708**

10. Name and Address of New Registered Agent
81 Name: **Rabin, Bennett L**
82 Street Address (P.O. Box Number is Not Acceptable):
83 **6579 Renaldo Way S.**
84 City: **St. Pete** 85 State: **FL** 86 Zip Code: **33707**

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 obligation of, Section 607.0505, Florida Statutes.
SIGNATURE: *Janet Rabin* President 7/1/96
Signature typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when registering.)

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	RABIN, JANET S.	
STREET ADDRESS	2281 LEE ROAD #205	
CITY - ST - ZIP	WINTER PARK FL	
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	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	432 Copperstone Circle
1.4 CITY - ST - ZIP	Casselberry, Fla 32707
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
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 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: *Janet Rabin* 7/8/96 President 407 6995237
Signature typed or printed name of signing officer or director. (Date) (Typed Phone #)

CR2E034 (3/96)