

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # P95000027898 (2)

1. Corporation Name  
ROBERT S. LAUTER, P.A.



Principal Place of Business: 21557 KAPOK CIRCLE BOCA RATON FL 33433  
Mailing Address: 21557 KAPOK CIRCLE BOCA RATON FL 33433

3. Date Incorporated or Qualified: 04/07/1995  
3a. Date of Last Report: [Blank]  
4. FEI Number: 65-0584068  
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 has liability for intangible tax under s. 199.032, Florida Statutes: [ ] Yes [X] No

2. Principal Place of Business: 21 Suite, Apt. #, etc.: [Blank] City & State: [Blank] Zip: [Blank] Country: [Blank]  
2a. Mailing Address: 26 Suite, Apt. #, etc.: [Blank] City & State: [Blank] Zip: [Blank] Country: [Blank]

9. Name and Address of Current Registered Agent

POPKIN SHURPIN & MACCARI P.A.  
2499 GLADES ROAD  
SUITE 114  
BOCA RATON FL 33431

10. Name and Address of New Registered Agent

81 Name: [Blank]  
82 Street Address (P.O. Box Number is Not Acceptable): [Blank]  
83 [Blank]  
84 City: [Blank] FL 85 Zip Code: [Blank]

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] (NOTE: Registered Agent signature required when resigning) DATE: [Blank]

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: D	[ ] DELETE	1.1 TITLE: [Blank]	[ ] Change [ ] Addition
NAME: LAUTER, ROBERT S		1.2 NAME: [Blank]	
STREET ADDRESS: 21557 KAPOK CIRCLE		1.3 STREET ADDRESS: [Blank]	
CITY-ST-ZIP: BOCA RATON FL 33433		1.4 CITY-ST-ZIP: [Blank]	
TITLE: [Blank]	[ ] DELETE	2.1 TITLE: [Blank]	[ ] Change [ ] Addition
NAME: [Blank]		2.2 NAME: [Blank]	
STREET ADDRESS: [Blank]		2.3 STREET ADDRESS: [Blank]	
CITY-ST-ZIP: [Blank]		2.4 CITY-ST-ZIP: [Blank]	
TITLE: [Blank]	[ ] DELETE	3.1 TITLE: [Blank]	[ ] Change [ ] Addition
NAME: [Blank]		3.2 NAME: [Blank]	
STREET ADDRESS: [Blank]		3.3 STREET ADDRESS: [Blank]	
CITY-ST-ZIP: [Blank]		3.4 CITY-ST-ZIP: [Blank]	
TITLE: [Blank]	[ ] DELETE	4.1 TITLE: [Blank]	[ ] Change [ ] Addition
NAME: [Blank]		4.2 NAME: [Blank]	
STREET ADDRESS: [Blank]		4.3 STREET ADDRESS: [Blank]	
CITY-ST-ZIP: [Blank]		4.4 CITY-ST-ZIP: [Blank]	
TITLE: [Blank]	[ ] DELETE	5.1 TITLE: [Blank]	[ ] Change [ ] Addition
NAME: [Blank]		5.2 NAME: [Blank]	
STREET ADDRESS: [Blank]		5.3 STREET ADDRESS: [Blank]	
CITY-ST-ZIP: [Blank]		5.4 CITY-ST-ZIP: [Blank]	
TITLE: [Blank]	[ ] DELETE	6.1 TITLE: [Blank]	[ ] Change [ ] Addition
NAME: [Blank]		6.2 NAME: [Blank]	
STREET ADDRESS: [Blank]		6.3 STREET ADDRESS: [Blank]	
CITY-ST-ZIP: [Blank]		6.4 CITY-ST-ZIP: [Blank]	

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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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 of this report, or on an attachment with an address.

SIGNATURE: [Signature] DIRECTOR  
DATE: 3/25/96 407.392.1805  
Daytime Phone #

CR2E034 (12/95)