

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 # **P95000066281 (3)**

1. Corporation Name
RAIDER ROOTER, INC.



Principal Place of Business
**353 SUNSET DR. SUITE 3
FT LAUDERDALE FL 33301**

Mailing Address
**353 SUNSET DR. SUITE 3
FT LAUDERDALE FL 33301**

3. Date Incorporated or Qualified
08/25/1995

3a. Date of Last Report

2. Principal Place of Business
21 **740 E Country Club Circle**

2a. Mailing Address
26 **P.O. Box 15951**

Suite, Apt. #, etc.

22
City & State
23 **Plantation, Florida**

27
City & State
28 **Plantation, Florida**

24 **33317** 25 Country 29 **33317** 30 Country

4. FEI Number 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 No

9. Name and Address of Current Registered Agent
**OBST, JOSEPH
353 SUNSET DR, SUITE 3
FT LAUDERDALE FL 33301**

10. Name and Address of New Registered Agent

81 Name **OBST MANFRED**

82 Street Address (P.O. Box Number is Not Acceptable)
740 E Country Club Circle

83

84 City **Plantation** FL 85 Zip Code **33317**

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 **MANFRED OBST** DATE **04/18/96**

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PVST	1.1 TITLE	PRESIDENT
NAME	OBST, JOSEPH	1.2 NAME	MANFRED OBST
STREET ADDRESS	353 SUNSET DR, SUITE 3	1.3 STREET ADDRESS	740 E Country Club Circle
CITY-ST-ZIP	FT LAUDERDALE FL 33301	1.4 CITY-ST-ZIP	Plantation, FL, 33317
TITLE	D	2.1 TITLE	VICE PRESIDENT
NAME	OBST, JOSEPH	2.2 NAME	PIERETTE OBST
STREET ADDRESS	353 SUNSET DR, SUITE 3	2.3 STREET ADDRESS	740 E Country Club Circle
CITY-ST-ZIP	FT LAUDERDALE FL 33301	2.4 CITY-ST-ZIP	Plantation, FL 33317
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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***208.75

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 if changed, or on an attachment with an address.

SIGNATURE: **Pierette Obst** DATE **4/18/96** (954) 475-0123

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)

4/18/96