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

PROFIT CORPORATION ANNUAL REPORT

1999

CHARLES R. STEINBERG, P.A.

1. Corporation Name



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

FILED Apr 07, 1999 8:00 am Secretary of State

04-07-1999 90114 012 ***150.00

)					
Principal Place	of Business	Mailing Address		-	'I DINIT ATES NOTE BIRST CONT
135 W. CENTRAL 135 W. CENTRAL				1	
SUITE 720 SUITE 720				DO NOT MUSTE IN THIS SPACE	
ORLANDO FL 32801 ORLANDO FL 32801				DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed	
US X		us '			
2 Dissipal Di	and of Pusiness	2a. Mailing Address 1		02/13/1984 4. FEI Number	Applied For
21 96 L	ace of Business	26 96 Will	and St	59-2368352	Not Applicable
Suite, Apt.	#. etc.	Suite, Apt. #, etc	409 20		\$8.75 Additional
	ide 302	27 Svide 3	<u>ء</u> ک	5. Certificate of Status Desired	Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
23 Co	CO 4	28 CO CO A		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes the current year Intar	
24 329	22 25 USA	29 32922 30] USA	Personal Property Tax. 10. Name and Address of New Registered A	Yes No
	9. Name and Address of Currer	nt Registered Agent	81 Name	10. Name and Address of New Registered A	Beit
OTEINIDEDC CHADLES B					
	W CENTRAL #720		82 Street Address (P.O. Box Number is Not Acceptable)		
ORLANDO FL 32801			83	Willgra St #301	,
1			84 City	Coa FL	85 Zip Code \$292.2
					hanging 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.					
ì		mons of, Section 607.0505, Florida	i Statutes.	2/20/99	1
SIGNATURE	Signature, typed or printed name of registered age	ent and title if applicable. (NOTE: Re-	gistered Agent signature require	ed when reinstating) DATE	
12.		ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND	
TITLE	PD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	STEINBERG, CHARLES R		1.2 NAME	1:11 0 01 43-	_
STREET ADDRESS	135 W. CONTRAL #720		1,3 STREET ADDRESS	76 Willard St. #30	2
CITY-ST-ZIP	ORLANDO FL		1.4 CITY-ST-ZIP	20 coa F/2 3292	2
TITLE		☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	1		2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP			2. 4 CITY-ST-ZIP	<u> </u>	<u>~·-</u>
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 ADORESS			5.3 STREET ADDRESS		
C/TY-ST-ZIP			5.4 C/TY-ST-Z/P		Chance Caddica
TITLE		☐ DELETE	6.1 TITLE .		☐ Change ☐ Addition
NAME		į	6.2 NAME		

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 any address, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP. ...