


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

**FILED**  
**Feb 24, 1999 8:00 am**  
**Secretary of State**

02-24-1999 90039 021 \*\*\*150.00

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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # 189841**

1. Corporation Name  
**ROBERT HITTEL, INC.**



Principal Place of Business 3035 NE 12 TERR OAKLAND PARK FL 33334 US	Mailing Address 3035 NW 12 TER OAKLAND PARK FL 33334 US
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**12/29/1955**

21 Principal Place of Business Suite, Apt. #, etc. City & State Zip Country	26 27 28 29 30 Mailing Address 3035 NE 12 Terrace Suite, Apt. #, etc. Oakland Park, FL 33334 US
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4. FEI Number <b>59-0917446</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

**HITTEL, ROBERT**  
**2600 NE 29TH CT**  
**FORT LAUDERDALE FL**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>
85 Zip Code	

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

12. OFFICERS AND DIRECTORS

TITLE	VD	<input type="checkbox"/> DELETE
NAME	HITTEL, CHRISTOPHER M	
STREET ADDRESS	9651 NW 51 STREET	
CITY-ST-ZIP	CORAL SPRINGS FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	HITTEL, ROBERT A	
STREET ADDRESS	3020 N FEDERAL HWY	
CITY-ST-ZIP	FT LAUDERDALE, FL 00000	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	HITTEL, ROBERT	
STREET ADDRESS	2600 N E 29TH CT	
CITY-ST-ZIP	FT LAUDERDALE, FL 00000	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	O'CONNER, KATHLEEN	
STREET ADDRESS	2600 NE 29 CT	
CITY-ST-ZIP	FT LAUDERDALE, FL 00000	
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 type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
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 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 in an attachment with an address, with all other like empowered.

SIGNATURE: \_\_\_\_\_ DATE: 1/12/99 DAYTIME PHONE #: (954) 566-5562

CR2E034 (1/198)