

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

0320444

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

**FILED**  
**Mar 02, 1999 8:00 am**  
**Secretary of State**

03-02-1999 90025 026 \*\*\*150.00

**DOCUMENT # 535013**

1. Corporation Name  
**ROBERT P. FOLEY, P.A.**



Principal Place of Business  
**319 CLEMATIS ST  
STE 711  
W PALM BEACH FL 33401  
US**

Mailing Address  
**319 CLEMATIS ST  
STE 711  
W PALM BEACH FL 33401  
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**04/20/1977**

2. Principal Place of Business  
**21** Suite, Apt. #, etc.  
**22** City & State  
**23** Zip  
**24** Country

2a. Mailing Address  
**26** Suite, Apt. #, etc.  
**27** City & State  
**28** Zip  
**29** Country

**954 DOLPHIN CT.  
JUPITER, FLA.  
33458 US**

4. FEI Number  
**59-1738451**

Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**

8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

**FOLEY, ROBERT P.  
STE 711  
319 CLEMATIS ST  
WEST PALM BEACH FL 33401**

10. Name and Address of New Registered Agent

**81** Name **FOLEY, ROBERT P.**  
**82** Street Address (P.O. Box Number is Not Acceptable) **954 DOLPHIN CT**  
**83**  
**84** City **JUPITER** **FL** **85** Zip Code **33458**

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

**Robert P. Foley PRES.**

**22 JAN 99**

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PDVT	<input checked="" type="checkbox"/> DELETE
NAME	FOLEY, ROBERT P.	
STREET ADDRESS	319 CLEMSTIOS ST STE 711	
CITY-ST-ZIP	W. PALM BEACH FL	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	FOLEY, ROBERT P.	
STREET ADDRESS	319 CLEMATIS ST STE 711	
CITY-ST-ZIP	W. PALM BEACH 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	PDVT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	FOLEY, ROBERT P.	
1.3 STREET ADDRESS	954 DOLPHIN CT.	
1.4 CITY-ST-ZIP	JUPITER, FLA 33458	
2.1 TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	FOLEY, ROBERT P.	
2.3 STREET ADDRESS	954 DOLPHIN CT	
2.4 CITY-ST-ZIP	JUPITER FL 33458	
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 on an attachment with an address, with all other like empowered.

SIGNATURE:

**Robert P. Foley PRES.**

**22 JAN 99**

**561 832 1744**

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)