Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

□No

Not Applicable

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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## **DOCUMENT # 547470**

1. Corporation Name

Suite, Apt. #, etc.

33301

City & State

23

24

Suite 300

Fort Lauderdale,

HUEBNER, ROBERT E.

FT. LAUDERDALE FL 33301

1417 SE 4TH ST

Country

9. Name and Address of Current Registered Agent

ROBERT E. HUEBNER, P.A.

Principal Place of Business	Mailing Address	
1417 SE 4TH ST FORT LAUDERDALE FL 33301	P.O. BOX 2468 FORT LAUDERDALE FL 33303-2468 US	
		3. Date Incorp. 10/01/19
2. Principal Place of Business 21 1401 E. Broward Bl	2a. Mailing Address	4. FEI Number 59-17662

27

28

29

Suite, Apt. #, etc.

City & State

DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed

8. This corporation owes the current year Intangible

10. Name and Address of New Registered Agent

10/01/1977

59-1766245

5. Certifcate of Status Desired

6. Election Campaign Financing

Trust Fund Contribution

Personal Property Tax.

Street Address (P.O. Box Number is Not Acceptable)
1401 E. Broward Blvd.

Suite 300

FILED

Feb 22, 1999 8:00 am

Secretary of State

02-22-1999 90046 008 \*\*\*150.00

		84 City	ort Lauderdale	FL   85   Zip Co			
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, typed or printed name of registered agent and trile if applicable. (NOTE: Registered Agent signature required when reinstating).  DATE							
12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OF	FICERS AND DIRECTOR	RS IN 12		
TITLE	PD DELETE	1.1 TITLE		Change	☐ Addition		
NAME	HUEBNER, ROBERT E.	1.2 NAME	·				
STREET ADDRESS	1417 SE 4TH ST	1.3 STREET ADDRESS	1401 E. Broward	Blvd. #300	Ì		
CITY-ST-ZIP	FT. LAUDERDALE FL 33301	1.4 CITY-ST-ZIP	Ft. Lauderdale,	FL 33301			
TITLE	☐ DELETE	2.1 TITLE	· ·	☐ Change	☐ Addition		
NAME		2.2 NAME			}		
STREET ADDRESS		2.3 STREET ADDRESS					
CITY-ST-ZIP		2.4 CITY-ST-ZIP		<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			ſ		
CITY-ST-ZIP		4.4 CITY-ST-ZIP	<u> </u>				
TITLE	☐ DELETE	5.1 TITLE		Change	☐ Addition		
NAME		5.2 NAME			ł		
STREET ADDRESS		5.3 STREET ADDRESS			Ì		
CITY-ST-ZIP		5.4 CITY-ST-ZIP					
TITLE	DELETE	6.1 TITLE		☐ Change	Addition		
NAME		6.2 NAME					
STREET ADDRESS		6.3 STREET ADDRESS	•	•			
		64 CITY, ST-ZIP	1		į		

Country

81

82

Name

30

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 supplementar 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

SIGNATURE: 2

Robert E. Huebner, Pres.