


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

**FILED**  
**Feb 21, 1999 8:00 am**  
**Secretary of State**

02-21-1999 90021 035 \*\*\*150.00

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PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 564488**  
 1. Corporation Name  
**FEHLHABER CORPORATION**



Principal Place of Business <b>2020 W MCNAB ROAD FT LAUDERDALE FL 33309</b>	Mailing Address <b>2020 W MCNAB ROAD FT LAUDERDALE FL 33309</b>
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>12/15/1977</b>	Applied For Not Applicable
4. FEI Number <b>13-1493240</b>	
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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
23 City & State	27 City & State
24 Zip Country	29 Zip Country
25	30

9. Name and Address of Current Registered Agent

**FEHLHABER, ROBERT F  
 2020 W MCNAB ROAD  
 FT LAUDERDALE FL 33309**

10. Name and Address of New Registered Agent

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

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PST <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FEHLHABER, ROBERT F	1.2 NAME	
STREET ADDRESS	2020 W. MCNAB ROAD	1.3 STREET ADDRESS	
CITY-ST-ZIP	FT LAUDERDALE, FL 0	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FEHLHABER, ROBERT F.	2.2 NAME	
STREET ADDRESS	2020 W. MCNAB ROAD	2.3 STREET ADDRESS	
CITY-ST-ZIP	FT LAUDERDALE, FL 0	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EATON, LILA A.	3.2 NAME	
STREET ADDRESS	2020 W. MCNAB ROAD	3.3 STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE FL	3.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FEHLHABER, JULIANA	4.2 NAME	
STREET ADDRESS	2020 W MCNAB ROAD	4.3 STREET ADDRESS	
CITY-ST-ZIP	FT LAUDERDALE FL	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COSTELLO, THOMAS M	5.2 NAME	
STREET ADDRESS	1300 N FEDERAL HIGHWAY	5.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL 33432	5.4 CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BASS, SPENCER L.	6.2 NAME	
STREET ADDRESS	2020 W MCNAB ROAD	6.3 STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE FL	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: Juliana F. Fehlhabe (VP) Date: 2/11/99 Daytime Phone #: (954)-977-3821

CR2E034 (1/98)