

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

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Mar 10, 1999 8:00 am
Secretary of State

03-10-1999 90033 007 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # 602141

1. Corporation Name
FEE & KOBLEGARD, P.A.



Principal Place of Business: 401-A SOUTH INDIAN RIVER DRIVE FT PIERCE FL 34954 US
 Mailing Address: 401-A SOUTH INDIAN RIVER DRIVE FT PIERCE FL 34954 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/09/1970
 4. FEI Number: 59-1294882 Applied For: Not Applicable
 5. Certificate of Status Desired: \$8.75 Additional Fee Required
 6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
 8. This corporation owes the current year Intangible Personal Property Tax: Yes No

2. Principal Place of Business: 21 401 South Indian River Dr. Suite, Apt. #, etc. 22 City & State: 23 Fort Pierce, Florida Zip: 24 34950 Country: 25 USA
 2a. Mailing Address: 26 401 South Indian River Dr. Suite, Apt. #, etc. 27 City & State: 28 Fort Pierce, Florida Zip: 29 34950 Country: 30 USA

9. Name and Address of Current Registered Agent
FEE, FRANK H. III
401-A SOUTH INDIAN RIVER DRIVE
FORT PIERCE FL 34950

10. Name and Address of New Registered Agent
 81 Name: FRANK H. FEE, III
 82 Street Address (P.O. Box Number is Not Acceptable): 401 South Indian River Drive
 83
 84 City: Fort Pierce FL 85 Zip Code: 34950

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: *Frank H. Fee, III* FRANK H. FEE, III 2/26/99 DATE

12. OFFICERS AND DIRECTORS

TITLE	VSD	<input type="checkbox"/> DELETE
NAME	KOBLEGARD, RN III	
STREET ADDRESS	2319 S INDIAN RIVER DR	
CITY-ST-ZIP	FT PIERCE, FL 00000	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	FEE, FRANK H	
STREET ADDRESS	2821 S INDIAN RIVER DR	
CITY-ST-ZIP	FT PIERCE, FL 00000	
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	<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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Frank H. Fee, III* FRANK H. FEE, III, Pres. 2/26/99 (561) 461-5020 DATE Daytime Phone #

CR2E034 (11/98)