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 # 641483

1. Corporation Name

Apr 30, 1999 8:00 am Secretary of State

04-30-1999 90122 045 ***150.00

ROBERT	E. O'NEIL, P.A.						
Principal Place of Business Mailing Address							DIJ BIBIT BIBIT 1881
2929 E. COMMERCIAL BLVD STE 702 2929 E. COMMERCIAL BLVD STI							
FT LAUDERDALE FL 33308 FT LAUDERDALE FL 33308							
				DO NOT WRITE IN THIS SPACE			
					3. Date Incorporated or Qualifed		
					10/05/1979		Applied For
2. Principal Pl	2. Principal Place of Business 2a. Mailing Address				4. FEI Number	Not Applicable	
26 Suite, Apt. #, etc. Suite, Apt. #, etc.					59-1954155	\$8.75 Additional	
					5. Certifcate of Status Desired	*	Required
22					6. Election Campaign Financing	-\$5 T	00 May Be
23 28		<u>├</u> ¬ '			Trust Fund Contribution	•	ed to Fees
Zip			Country		8. This corporation owes the current year	Intangible	
24	25 29 30				Personal Property Tax.	Yes	□No
	9. Name and Address of Curre				10. Name and Address of New Registere	d Agent	
			81	Name			
o'neil, robert e.			82	Street A	ddress (P.O. Box Number is Not Acceptable)		
12100 CLASSIC DRIVE			62	Silection	duress (F.O. Dox Hambor to Hot Acceptacie)		
COR	AL SPRINGS FL 33071		83				
	,		84	City		. 85 Z	ip Code
	•			City	F	LII	`
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 ag	sent and title if applicable. (NOTE: Regi	stered Ager	nt signature reg	quired when reinstating) DATE		
12.		IND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS	AND DIREC	TORS IN 12
TITLE	D	☐ DELETE	1,1 TITLE			☐ Chare	ge [] Addition
NAME	O'NEIL, ROBERT E		1.2 NAME				ļ
STREET ADDRESS	12100 CLASSIC DR.		1.3 STREET	ADDRESS			
CITY-ST-ZIP	CORAL SPRINGS FL			T-ZIP			
TITLE	PST	☐ DELETE	2.1 TITLE			Chan	ge Addition
NAME	O'NEIL, ROBERT E		2.2 NAME				
STREET ADDRESS	12100 CLASSIC DR.		2.3 STREE	TADDRESS	•		į
CITY-ST-ZIP	**		2.4 CITY-S	ST-ZIP			
TITLE		☐ DELETÉ 3.1 T			-	Chan	ge Addition
NAME			3.2 NAME				
STREET ADDRESS		1	3.3 STREE	T ADDRESS			1
CITY-ST-ZIP			3.4. CITY-5	ST-ZIP			
TITLE	☐ DELETE 4.1 T		4.1 TITLE			Chan	ge 🔲 Addition
NAME			4. 2 NAME				
STREET ADDRESS			4.3 STREE	TADDRESS			
CITY-ST-ZIP			4.4 CITY-S	T-ZIP			
TITLE		-	5.1 TITLE		:	☐ Chan	ge Addition
NAME			5.2 NAME			**	{
STREET ADDRESS			53 STREE	TADDRESS			
CITY-ST-ZIP			5.4 CITY-S	T-ZIP			
TITLE			6.1 TITLE			Chan	ige 🗀 Addition
NAME		· · · · · · · · · · · · · · · · · · ·	6.2 NAME				
STREET ADDRESS 6.3 S			6.3 STREE	T ADDRESS)
OUTLY ST. 71D	l	1	6.4 CITY-S	T-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.

PRESOUTROBERT E. O'NEIL SIGNATURE: