

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

FILED
Mar 09, 1999 8:00 am
Secretary of State

03-09-1999 90111 018 ***150.00

0117543

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # 698233

1. Corporation Name
ROBERT F. NAGEL, P.A.



Principal Place of Business

19986 VILLA LANTE PLACE
BOCA RATON FL 33434
US

Mailing Address

19986 VILLA LANTE PLACE
BOCA RATON FL 33434
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/10/1981

2. Principal Place of Business

21 4901 Bethel Creek Dr.

2a. Mailing Address

26 4901 Bethel Creek Dr.

Suite, Apt. #, etc.

22 Apt. H

Suite, Apt. #, etc.

27 Apt. H

City & State

23 Vero Beach, FL

City & State

28 Vero Beach, FL

Zip

24 32963

Country

25 US

Zip

29 32963

Country

30 US

9. Name and Address of Current Registered Agent

NAGEL, ROBERT F.

19986 VILLA LANTE PLACE
BOCA RATON FL 33434

10. Name and Address of New Registered Agent

81 Name

NAGEL, Robert F.

82 Street Address (P.O. Box Number is Not Acceptable)

4901 Bethel Creek Dr.

83

Apt. H

84 City

Vero Beach

FL

85 Zip Code

32963

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **DC** ☐ DELETE

NAME **NAGEL, ROBERT F**

STREET ADDRESS **19986 VILLA LANTE PLACE**

CITY-ST-ZIP **BOCA RATON FL**

TITLE **PS** ☐ DELETE

NAME **NAGEL, ROBERT F**

STREET ADDRESS **19986 VILLA LANTE PLACE**

CITY-ST-ZIP **BOCA RATON FL**

TITLE **DVT** ☐ DELETE

NAME **NAGEL, SUSAN E.**

STREET ADDRESS **19986 VILLA LANTE PLACE**

CITY-ST-ZIP **BOCA RATON FL**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP



4901 Bethel Creek Dr. Apt. H
Vero Beach, FL 32963

4901 Bethel Creek Dr. Apt. H
Vero Beach FL 32963

Susan E. Nagel
4901 Bethel Creek Dr. Apt. H
Vero Beach, FL 32963

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: Susan E. Nagel **SUSAN E. NAGEL** **3/1/99** **234-0133**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/98)