SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999. AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

FILED Jul 15, 1999 8:00 am Secretary of State

07-15-1999 90015 017 ***550.00

1999_		DIVISION OF CORPOR					
DOCUMENT # 1. Corporation Name	F77433						
ROBERT B. SCHAR	F, P.A.						

		,														
Principal Place	of Busines			ailing Ad	dress					- -	ni e fill bil iti i	HOU BING		Athii Bi		J
1415 E. SUNRISE BLVD.			1	415 F S	UNRISE BLVD.											
SUITE 410	IOL DETO.			SUITE 410												
FT. LAUDERDA	ALE FL 3330	4			erdale fl 33:	304				DO NOT WRITE	IN THIS S	SPACE				٦.
US			·	J\$						3. Date Incorporated or Qualified						
										04/21/1982			T.			4
2. Principal Pl	ace of Busin	ness	-	. Mailing	Address					4. FEI Number		-	+ · ·	lied F		┥
21	#		26	Suite A						59-2184367		 •0 7		Applic ddition		-
Suite, Apt.	#, etc. 		27		Apt. #, etc.					5. Certificate of Status Desired	Ш	+		quired	tati	
City & State	9		28	City & :	State					6. Election Campaign Financing Trust Fund Contribution				May B		
Zip		Country	 	Zip		Coi	intry	,		8. This corporation owes the curren	t year					7
24		25	29			30				Intangible Personal Property.		Yes	X	No]
	9. Name	and Address of Current	Regis	stered A	gent					10. Name and Address of New Reg	gistered A	gent]
81 Name									1							
		BERT B. P.A.					82	Stree	t Addre	ss (P.O. Box Number is Not Acceptable	e)					1
1415 E SUNRISE BLVD #410						05			-,							
FT LAUDERDALE FL 33304					83											
							84	City				85	Zip C	ode		1
								<u> </u>			<u>FL</u>					4
office or r	registered ag	sions of sections 607.0502 a gent, or both, in the State o with, and accept the obligati	f Flor	ida. Such	i change was a	authorize	d by	the co	corpora poration	ation submits this statement for the purp n's board of directors. I hereby accept t	ose of cha he appoin	inging r tment a	ts reg is reg	istered	: :	
SIGNATURE .		, ,,,													_	Ì
	Signature, typed	or printed name of registered agent a			. (N		ared A	gent signa	ture requir	ed when reinstating)	DATE					⊣ ଚ
12.		OFFICERS AND	DIRE	CTORS		13.				ADDITIONS/CHANGES TO OFFICE	ERS AND	~				CR2E034 (5/99)
TITLE	PST			l	DELETE	1,1 TI					Ł	Char	ige [Ad	ldition	4
NAME		, ROBERT B				1.2 N	-									18
STREET ADDRESS		FEDERAL HWY 1016				1.3 \$7	REET	ADDRESS	i							122
CITY-ST-ZIP		DERDALE FL				_	TY-S1	F-ZIP								- ხ
TITLE	D			Į	DELETE	2.1 TI]		L	Char	nge	Ad	ldition	ŀ
NAME		ROBERT B				2.2 N										}
STREET ADDRESS		FEDERAL HWY 1016				2.3 \$1	REET	ADDRESS	i							
CITY-ST-ZIP	<u>ft. lau</u>	<u>DERDALE FL</u>			 1		TY-S1	r-zip	<u> </u>			- 1.				4
TITLE				Ĺ	DELETE	3.1 TI					L	Char	ige	Ac	dition	
NAME						3.2 N										1
STREET ADDRESS								ADDRESS	5							
CITY-ST-ZIP						_	TY-S1	r-ZIP				7				┦
TITLE				Į	DELETE	4.1 TI					L	Char	ige	Ac	dition	
NAME						4.2 N	AME									1
STREET ADDRESS						4.3 \$1	REET	ADDRESS	i							
CITY-ST-ZIP						4.4 C	TY-S1	r-ZIP	_			=-				4
TITLE				[DELETE	5.1 TI	TLE				Ľ	Char	ige [Ad	ldition	
NAME						5.2 N	AME		1							{
STREET ADDRESS						5.3 \$1	REET	ADDRESS	;							
CITY-ST-ZIP		. ===				5.4 C	TY-S1	r-ZIP				=-]
TITLE					DELETE	6.1 Ti	TLE					_] Char	ıge [Ad	dition	
NAME						6.2 N	AME									
STREET ADDRESS		,				6.3 ST	REET	ADDRESS	;							
CITY-ST-ZIP						6.4 CI	TY-ST	r-ZIP								
14. I hereby ce indicated o an officer o	on this annua or director of	information supplied with the report or supplemental at the corporation or the receipt changed, or on appattace	ngual ewer c	report is or trustee	true and accu empowered to	he axem	otion	stated	in section nature s as requ	on 119.07(3)(i), Flonda Statutes. I furthe hall have the same legal effect as if maired by Chapter 607, Florida Statutes;	er certify the ade under and that n	at the i oath; ti ny nam	nform nat I a e app	ation am bears		