**PROFIT** CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS** 

## DOCUMENT # F9600003388

1. Corporation Name

LOMBARD ADVISORS INCORPORATED

Principal Place	of Business	Mailing Address						
300 EAST LOMBARD STREET 300 EAST LOMBARD STREE			EET	Γ				
SUITE 920 SUITE 920						DO NOT WRITE IN TH	IC CDACE	
BALTIMORE MD 21202 BALTIMORE MD 21202						DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualifed		
						07/01/1996		
		l o. Mailian Address				4. FEI Number		Applied For
2. Principal Pl	ace of Business	2a. Mailing Address				52-1889603	<del>}  -</del>	Not Applicable
21 26 Suite Ant # etc						52-1009003		Additional
Suite, Apt. #, etc. Suite, Apt. #, etc.					5. Certifcate of Status Desired		Required	
22         27           City & State         City & State						6 Floation Compaign Figureing		0 May Be
		_ <del>                                    </del>	·			. 6. Election Campaign Financing		d to Fees
23         28           Zip         Country         Zip			Country			This corporation owes the current year Intangible		
<del></del>	25	29	30	,		Personal Property Tax.	Yes	□No
24	9. Name and Address of Curre		1301			10. Name and Address of New Registere	d Agent	
	9. Name and Address of Curre	nt registered regent		31 Na	me			
HENI	LEY, RANDALL W ESQ.		L					
322 BANYAN BLVD			ļ	82 Street Address (P.O. Box Number is Not Acceptable)			~	
	T PALM BEACH FL 33401		1	33				
	1 1 1 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			-				
			Ī	34 City	4		85 Zi	p Code
								ite registered
office or re	egistered agent, or both, in the State	e of Florida. Such change was a	autnonzea	ογ ine c	ned corpo orporatio	pration submits this statement for the purpose n's board of directors. I hereby accept the app	pointment as	registered
agent. I a	m familiar with, and accept the oblig	ations of, Section 607.0505, Flo	orida Statu	es.				
SIGNATURE								
						DATE		
	Signature, typed or printed name of registered ag			gent signa	ture required	when reinstating) DATE ADDITIONS/CHANGES TO DEFICERS	AND DIREC	TORS IN 12
12.	OFFICERS A	ND DIRECTORS	13.		ture required	when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS	-	
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SIGNATURE:

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 REQUIRED SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**FILED** 

Apr 06, 1999 8:00 am Secretary of State

04-06-1999 90040 046 \*\*\*150.00