

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

**FILED**  
**Apr 27, 1999 8:00 am**  
**Secretary of State**

04-27-1999 90151 024 \*\*\*150.00

DOCUMENT # **F98000002793**

1. Corporation Name

**FLATOW, MOORE, SHAFFER, MCCABE, INC.**



DO NOT WRITE IN THIS SPACE

Principal Place of Business  
**809 COPPER AVE., NW  
ALBUQUERQUE NM 87102**

Mailing Address  
**809 COPPER AVE., NW  
ALBUQUERQUE NM 87102**

3. Date Incorporated or Qualified

**05/15/1998**

4. FEI Number

**85-0171062**

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 Suite, Apt. #, etc.

23 City & State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip 29 Country

9. Name and Address of Current Registered Agent

**SAVITZ, EDWARD O  
220 SOUTH FRANKLIN STREET  
TAMPA FL 33602**

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

**FL**

85 Zip Code

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          | P                            | <input type="checkbox"/> DELETE            |
| NAME           | <b>MOORE, JON L</b>          |  |
| STREET ADDRESS | <b>610 ALISO SE</b>          |  |
| CITY-STATE-ZIP | <b>ALBUQUERQUE NM</b>        |  |
| TITLE          | V                            | <input type="checkbox"/> DELETE            |
| NAME           | <b>MCCABE, ROBERT</b>        |  |
| STREET ADDRESS | <b>1323 CAMINO AMPARO NW</b> |  |
| CITY-STATE-ZIP | <b>ALBUQUERQUE NM</b>        |  |
| TITLE          | S                            | <input checked="" type="checkbox"/> DELETE |
| NAME           | <b>SHAFFER, DONALD M</b>     |  |
| STREET ADDRESS | <b>7600 GLADDEN NE</b>       |  |
| CITY-STATE-ZIP | <b>ALBUQUERQUE NM</b>        |  |
| TITLE          | TD                           | <input type="checkbox"/> DELETE            |
| NAME           | <b>FLATOW, TOBIAS</b>        |  |
| STREET ADDRESS | <b>3105 EL TOBOSO NW</b>     |  |
| CITY-STATE-ZIP | <b>ALBUQUERQUE NM</b>        |  |
| TITLE          | CD                           | <input checked="" type="checkbox"/> DELETE |
| NAME           | <b>SHAFFER, DONALD M</b>     |  |
| STREET ADDRESS | <b>7600 GLADDEN NE</b>       |  |
| CITY-STATE-ZIP | <b>ALBUQUERQUE NM</b>        |  |
| TITLE          | D                            | <input checked="" type="checkbox"/> DELETE |
| NAME           | <b>HECK, JOHN</b>            |  |
| STREET ADDRESS | <b>305 CARLISLE NE</b>       |  |
| CITY-STATE-ZIP | <b>ALBUQUERQUE NM</b>        |  |

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                    |                              |  |
|--------------------|------------------------------|--|
| 1.1 TITLE          | D                            | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 1.2 NAME           | <b>Kosanovich, John</b>      |  |
| 1.3 STREET ADDRESS | <b>07 Cienga Canyon Road</b> |  |
| 1.4 CITY-STATE-ZIP | <b>Placitas, NM 87043</b>    | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 2.1 TITLE          |                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 2.2 NAME           |                              |  |
| 2.3 STREET ADDRESS |                              |  |
| 2.4 CITY-STATE-ZIP |                              |  |
| 3.1 TITLE          |                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 3.2 NAME           |                              |  |
| 3.3 STREET ADDRESS |                              |  |
| 3.4 CITY-STATE-ZIP |                              |  |
| 4.1 TITLE          |                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 4.2 NAME           |                              |  |
| 4.3 STREET ADDRESS |                              |  |
| 4.4 CITY-STATE-ZIP |                              |  |
| 5.1 TITLE          |                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 5.2 NAME           |                              |  |
| 5.3 STREET ADDRESS |                              |  |
| 5.4 CITY-STATE-ZIP |                              |  |
| 6.1 TITLE          |                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 6.2 NAME           |                              |  |
| 6.3 STREET ADDRESS |                              |  |
| 6.4 CITY-STATE-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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)