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

**PROFIT** CORPORATION ANNUAL REPORT

1999

RONALD HERBERT, P.A.

1. Corporation Name

DOCUMENT # **F99605** 



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## Mar 23, 1999 8:00 am Secretary of State

03-23-1999 90068 014 \*\*\*150.00



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Principal Place of Business			Mailing Address						3 IMPHAM 4162 SALIM IMHA MITET MART		Pel AIA11 4181		•••
27235 S.W. 168 AVE.				27235 S.W. 168 AVE									
HOMESTEAD FL 33031				HOMESTEAD FL 33031					DO NOT WRITE IN THIS SPACE				
us '				US				3	3. Date Incorporated or Qualifed				
								3.	09/13/1982				Ì
2 Dringir	nol Die	ace of Business	22	. Mailing Address				4	FEI Number			Applied For	
<b>─</b> ,	pai rie	ace of business	26	. Maining Madrado					59-2223667			Not Applica	
21 Suite,	Ant f	# etc	26	Suite, Apt. #, etc.				-				Additiona	
22	, .p ,	,	27					5.	. Certifcate of Status Desired		•	Required	Į
City &	State	3	<del> -</del>	City & State	<u> </u>		· · · · · · · · · · · · · · · · · · ·	6.	Election Campaign Financing		\$5.0	<b>0</b> May Be	$\Box$
23			28						Trust Fund Contribution		Adde	d to Fees	
Zìp .		Country		Zip	Cou	ntry	1	8.	. This corporation owes the curre	ent year Inta			
24		25	29		30				Personal Property Tax.		Yes	□No	
		9. Name and Address of Current	Regi	stered Agent				10	. Name and Address of New R	egistered i	Agent		
:	LIEBE	TOT DONALD				81	Name						
	HEBERT, RONALD						Street Add	dress (I	P.O. Box Number is Not Acceptal	ble)			
	27235 S.W. 168 AVE.												
HOMESTEAD, FL							ĺ						
HOMESTEAD FL 33031							City		- <del></del>		85 Zi	p Code	
										<u>FL</u>	ــلـــــــــــــــــــــــــــــــــــ		
office.	e or re nt. I ar	to the provisions of Sections 607.0502 ogistered agent, or both, in the State of mamiliar with, and accept the obligation	Flori	ida. Such change was au f, Section 607.0505, Flor	ithorized ida Stati	i by utes	the corpora	tion's D	oard of directors. I hereby accept	i trie appoii	itment as	registered	
		Signature, typed or printed name of registered agent a				Agen	nt signature requi		reinstating) ADDITIONS/CHANGES TO OFF	DATE	D DIDEC	TODE IN 1	2
12.		OFFICERS AND	DIR	DELETE	13.	n c			ADDITIONS/CHANGES TO OFF	TOERS AIV	Chang		
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CITY ST. ZIE	,				5.4 CI	TY-S	T-ZIP						

CITY-ST-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 toustee 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.

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME

☐ DELETE

Addition