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

**PROFIT** CORPORATION **ANNUAL REPORT** 

1997

Principal Place of Business



## Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS** 

(8)

Mailing Address

ROBERT S. FISHER, INC.

## **FILED** May 02 1997 8:00am Secretary of State

THE REPORT OF THE PROPERTY OF

2030 SOUTH OCEAN DRIVE SUITE 103 HALLANDALE FL 33009 US			2030 SOUTH OCEAN DRIVE SUITE 103 HALLANDALE FL 33009-8650 US				3. Date Incorporated or Qualified 03/22/1983	3a. Date of Last Report 05/01/1996				
2. Principal Pi	ace of Business		2a. Mailing Addres	s	;··		1	4. FEI Number	1	<del></del>	Applied For	
21 26				~~~ <del></del>				59-2265425			lot Applicable	
Suite, Apt. #, etc.			Suite, Apt. #, etc.				5. Certificate of Status Desired	\$8.75 Additional Fee Required				
City & State	City & State			City & State			+	6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees				
Zip Zip	Cour 25	ntry	Zip <b>29</b>	jountry	y B. This corporation has liability for intangible tax under s.  Florida Statutes					s. 199.032,		
	9, Name and Add	ress of Current R	egistered Agent		$\Box$			0. Name and Address of New Re	gistered A	igent		
	er, robert s.		_		81	Name						
2030 SOUTH OCEAN DRIVE, SUITE 103 HALLANDALE FL 33009					82	Street	Address	ddress (P.O. Box Number is Not Acceptable)				
					83							
					84	City			FL	<b>85</b> Zip	Code	
<ul> <li>office or r</li> </ul>	to the provisions of So ogistered agent, or bo m familiar with, and a	oth, in the State of	Horida, Such chance	o was author 505, Florida S	ized b Statute	y the cor s.	rporation	tion submits this statement for the s board of directors. I hereby acce	pune appo	changing sintment a	its registered is registered	
	Signature, lyped or printed to					ent signaturi	re required wi	ich reinstating)	DATE OF DO AND	DIDECTO	NDC (A) 40	
112.	PO	OFFICERS AND E	DELE		.1 TITLE		T	ADDITIONS/CHANGES TO OFFI	CERS AND	Change		
NAME	FISHER, ROBERT	S.			2 NAME					onango		
STREET ADDRESS	ASSA COLECT COPAN DONE CHITE 400					ADDRESS						
CITY-ST-ZIP	HALLANDALE FL					S1-ZIP						
TITLE	STD DELETE									Change	Addition	
: NAME	FISHER, JULIE A. 2030 SOUTH OCEAN DRIVE, SUITE 103					AME PREET ADDRESS						
STREET ADDRESS												
CITY-ST-ZIP	HALLANDALE FL		Dru		, 4 CHY- .1 THE	ST - ZIP				Change	Addition	
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NAME			ب مردد	1	2 NAME							
STREET ADDRESS						I ADDRESS	. [					
CITY-ST-ZIP				1	4 CITY-	\$1 - <b>7</b> IP						

I do 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 eath; 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.

JULIE A. FISHER