

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

APPROVED  
AND  
FILED

99 JUN 16 PM 1:56

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

PROFIT CORPORATION  
ANNUAL REPORT  
1999

FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS



DOCUMENT # **G52404**  
1. Corporation Name  
**Robert E. Udell, P.A.**

Principal Place of Business  
**1331 SE Ocean Blvd.  
Stuart, FL 34996**

Mailing Address  
**1331 SE Ocean Blvd  
Stuart, FL 34996**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>8/2/83</b>	
21 Suite, Apt. #, etc.	26	27 Suite, Apt. #, etc.		4. FEI Number <b>59-2229152</b>	Applied For Not Applicable
22 City & State	27	28 City & State		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23 Zip	28	29 Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24 Country	29	30 Country		8. This corporation owes the current year Intangible Personal Property Tax <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**Udell, Robert E.  
1331 SE Ocean Blvd.  
Stuart, FL 34996**

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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

**5/28/99**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		12 NAME	
STREET ADDRESS		13 STREET ADDRESS	<b>600002918396--3</b>
CITY-ST-ZIP		14 CITY-ST-ZIP	<b>-06/29/99--01039--009</b>
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<b>****110.00 ****110.00</b>
NAME		22 NAME	<b>600002918396--3</b>
STREET ADDRESS		23 STREET ADDRESS	<b>-06/29/99--01039--010</b>
CITY-ST-ZIP		2.4 CITY-ST-ZIP	<b>*****40.00 *****40.00</b>
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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 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 another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**5/28/99**

**(561) 283-9450**

Date Daytime Phone #

CR2E034 (11/98)

ADMITTED:  
FLORIDA  
CALIFORNIA  
ILLINOIS

**ROBERT G. UDELL, P.A.**

ATTORNEY AT LAW

4331 EAST OCEAN BOULEVARD  
STUART, FLORIDA 34996

(561) 283-9450  
(561) 878-5366  
FAX (561) 283-7344

May 28, 1999

Annual Reports Filings  
Division of Corporations  
Post Office Box 6327  
Tallahassee, Florida 32314

Re: ROBERT G. UDELL, P.A. - FEI#: 59-2229152

Dear Sir/Madam:

I called your office when I realized that the Annual Report was due and that I had misplaced the Report form. I was advised that a form would be forwarded to me and it was my understanding that I would not be penalized with a late fee and that the corporation would not be dissolved. I am, therefore, enclosing the following:

1. 1999 Annual Report
2. Check in payment of filing fee

In the event there is an additional fee and/or reinstatement is required, please contact me and I will immediately tender the requested amount and/or comply with the appropriate requirements.

Thank you for your courtesy and assistance.

Very truly yours,

ROBERT G. UDELL

RGU:mlf