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## 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

## **DOCUMENT # G67313**

1. Corporation Name

HICHARL	) I. ELMUKE, JK., PH.D.,	P. A.								
Principal Place	e of Business	Mailing	Address	ANT STREET  NE FL 32901  DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualifed  11/01/1983  4. FEI Number  59-2345361  Applied For  Not Applicable  Applied For  Not Applicable  \$8.75 Additional Fee Required  6. Election Campaign Financing Trust Fund Contribution  Added to Fees  Country  8. This corporation owes the current year Intangible Personal Property Tax.  Agent  10. Name and Address of New Registered Agent  81 Name  82 Street Address (P.O. Box Number is Not Acceptable)  83 B4 City  FL  85 Zip Code  8. Florida Statules, the above-named corporation submits this statement for the purpose of changing its registered to find on 507.0505, Florida Statutes.  8. Florida Statules, the above-named corporation's board of directors. I hereby accept the appointment as registered on 607.0505, Florida Statutes.  8. Florida Statutes.  8. Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered on 607.0505, Florida Statutes.  8. Florida Statutes and the above-named corporation's board of directors. I hereby accept the appointment as registered and 607.0505, Florida Statutes.  8. Florida Statutes and the above-named corporation's board of directors. I hereby accept the appointment as registered and 607.0505, Florida Statutes.  8. Florida Statutes and the above-named corporation's board of directors. I hereby accept the appointment as registered and 607.0505, Florida Statutes.  9. Change Addition  1. TITLE  1. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  1. TITLE  2. STATE ADDRESS  1.4 CITY-ST-ZIP  1. DELETE  2.1 TITLE  2.1 TITLE  2.2 NAME  2.3 STREET ADDRESS  2.4 CITY-ST-ZIP  1. Change Addition  2. Change Addition  3. STREET ADDRESS  3.4 CITY-ST-ZIP  1. Change Addition  3. STREET ADDRESS  3.4 CITY-ST-ZIP						
2210 S FRONT	STREET	2210 S	FRONT STREET							
SUITE 307		SUITE	-				DO NOT WOITE IN THIS SPACE			
MELBOURNE FL 32901 US  MELBOURNE FL 32901 US									SPACE	
							•			
		1 A 14"	W							Applied For
2. Principal Place of Business 2a. Mailing Address										
26     Suite, Apt. #, etc.   Suite, Apt. #, etc.							<u> </u>	•		
<b>─</b> ' ' '	#, etc.						5. Certifcate of Status Desired		· ·	_
City & State	α		City & State				6 Election Campaign Financing		\$5.0	May Bo
23		28	y a olalo						•	•
Zip	Country	Zip	<del></del> :	Country	y			rent vear Int	angible	•••
24	25	29	_	30			· ·	•		□No
	9. Name and Address of Curre						10. Name and Address of New	Registered	Agent	
				81	1	Name				
	ORE, RICHARD T JR			97	,	Street Address	se (P.O. Box Number is Not Accent	able)		
	PINE ISLAND DR			02	1	Street Address	SS (F.O. BOX Halliber is Not Accord			
MELI	Bourne FL 32940			83	3					
					_				05 7	in Code
				84	4	City		FL	.   63   2	ip code
SIGNATURE	Signature, typed or printed name of registered as	gent and title if appl	licable. (NOTE:	Registered Age		signature required v			ID DIREC	TORS IN 12
TITLE	D		☐ DELETÉ	1.1 TITLE					Chang	ge 🗌 Addit
NAME	ELMORE, RICHARD T., JR.			1.2 NAME						
STREET ADDRESS	707 PINE ISLAND DR			1.3 STREE	ĘΤΑ	ADDRESS				
CITY-ST-ZIP	MELBOURNE FL			1.4 CITY-1	ST-	ZIP				
TITLE	PST		☐ DELETE	2.1 TITLE					Chang	ge 🔲 Addit
NAME	ELMORE, RICHARD T., JR.			2.2 NAME						
STREET ADDRESS	707 PINE ISLAND DR			2.3 STREE	ET A	NODRESS				
CITY-ST-ZIP	MELBOURNE FL			2. 4 CITY-	-ST-	-ZIP				
TITLE			☐ DELETE	3.1 TITLE					Chang	ge 🛄 Addit
NAME				3.2 NAME	Ξ					
STREET ADDRESS				3.3 STREE	ETA	ADDRESS				
CITY-ST-ZIP				3.4. CITY-	ST-	- ZIP				
TITLE			☐ DELETE	4.1 TITLE					Chang	ge 🔲 Addit
NAME				4. 2 NAME	E					
STREET ADDRESS				4.3 STREE	ET A	ADDRESS				
CITY-ST-ZIP			·	4.4 CITY-	ST-	ZIP				
TITLE			☐ DELETE	5.1 TITLE					Chan	ge 🗍 Addit
NAME				5.2 NAME						
STREET ADDRESS				5.3 STREE	ETA	ADDRESS				
CITY-ST-ZIP				5.4 CITY-		ZIP				
TITLE			☐ DELETE	6.1 TITLE				•	Chan	ge
NAME				62 NAME		1				
STREET ADDRESS				6.3 STREE	ET A	ADDRESS				

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 all other like empowered.

6.4 CITY-ST-ZIP

RICHARD T. EIMORE, TR 2/14/99

(407)728-9620