

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

FILED

Jan 26 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # G80385 (9)

1. Corporation Name  
ROBERT W. SIDWEBER, P.A.

Principal Place of Business 7771 W. OAKLAND PK BLVD. 214. ATRIUM W. SUNRISE FL 33351 US	Mailing Address 7771 W. OAKLAND PK BLVD. 214. ATRIUM W. SUNRISE FL 33351 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 625 NE 3RD AVE Suite, Apt. #, etc. 22 FT. LAUDERDALE City & State 23 FL Zip 24 33304	25 COUNTRY 25 BROWARD	26. Mailing Address 26 625 NE 3RD AVE Suite, Apt. #, etc. 27 FT. LAUDERDALE City & State 28 FL Zip 29 33304	30 COUNTRY 30 BROWARD
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3. Date Incorporated or Qualified 01/26/1984	4. FEI Number 59-2387652	Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$8.75 Additional Fee Required \$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30, <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent

SIDWEBER, ROBERT W.  
7771 W OAKLAND PK BLVD  
SUITE 214, ATRIUM WEST  
SUNRISE FL 33351

10. Name and Address of New Registered Agent

81 Name SIDWEBER, ROBERT W.	82 Street Address (P.O. Box Number is Not Acceptable) 625 NE 3 AVE	83 FT. LAUDERDALE	84 City FL	85 Zip Code 33304
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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 reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD	NAME SIDWEBER, ROBERT W.	DELETED
STREET ADDRESS 7771 W OAKLAND PK BLVD, STE 214		
CITY-ST-ZIP SUNRISE FL		
TITLE	NAME	DELETED
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	NAME	DELETED
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	NAME	DELETED
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	NAME	DELETED
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP
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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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.

SIGNATURE:

 REQUIRED

1-15-98

Date

Daytime Phone #

6364071

CR2E034 (10/97)