

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

FILED
Jul 14, 1999 8:00 am
Secretary of State

07-14-1999 90012 037 ***150.00

0106911

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # J45772

1. Corporation Name

LUMBRA, ROBINSON & ASSOCIATES, INC.



Principal Place of Business	Mailing Address
1910 ALDEN RD ORLANDO FL 32803 US	P O BOX 536458 ORLANDO FL 32853-6458 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		12/02/1986	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		59-2744756	
24 Country		30 Country		Applied For	
				Not Applicable	
				5. Certificate of Status Desired	
				<input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing	
				<input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation owes the current year Intangible Personal Property Tax.	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

PHALIN, LAWRENCE J.
100 EAST ROBINSON STREET
ORLANDO FL 32802

10. Name and Address of New Registered Agent

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

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	ST	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LUMBRA, SUSAN M	1.2 NAME	
STREET ADDRESS	2510 GRESHAM RD.	1.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	1.4 CITY-ST-ZIP	
TITLE	P	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LUMBRA, JAMES R.	2.2 NAME	
STREET ADDRESS	2510 GRESHAM RD	2.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	2.4 CITY-ST-ZIP	
TITLE	VP	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBINSON, KENNETH D	3.2 NAME	
STREET ADDRESS	127 VARSITY CIRCLE	3.3 STREET ADDRESS	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL	3.4 CITY-ST-ZIP	
TITLE		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		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		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 all other like empowered.

SIGNATURE:


SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/7/99 407-897-3445
Date Daytime Phone #

CDEN34 (11/99)



588159-90012-37

J45772

July 7, 1999

Florida Dept. of State
Katherine Harris
Secretary of State
Annual Reports Filings
PO Box 1500
Tallahassee, FL 32302-1500

Dear Ms Harris:

Enclosed please find our 1999 Corporate Annual Report and payment in the amount of \$150.00. We understand this is late and are asking if the late fee could be eliminated

Our 1998 tax returns were filed with an extension until July 15th and by mistake this report was in with all the information we gave to our accountant. They did not realize it so when we received all our tax information back this week I found this report.

I apologize for the delay and hope you will understand and eliminate the fee. Please let me know and thank you for your time.

Sincerely,

A handwritten signature in cursive script, appearing to read "Susan Lumbra".

Susan Lumbra