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

Mailing Address

240 N. WASHINGTON BLVD

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # K10143

Principal Place of Business 240 N. WASHINGTON BLVD

ROBERT GEORGE WILLMAN, P.A.

240 N.WASHING		P O BOX 10365				Dr.	NOT WRITE IN TH	IS SP	ACE			
Sarasota Fl 34236   US		SARASOTA FL 34278 US			3. Date Incorporated or Qualifed							
US 03						01/04/1988	51 <b>Q</b> aamoo					
2. Principal Place of Business 2a. Mailing Address						4. FEI Number			1	App	lied For	
21	acc of Bosiness	26	7			65-0026230			$\vdash$	<u> </u>	Applicable	
Suite, Apt.	#. etc.	Suite, Apt. #, etc.				1		9	8.7	75 A	Iditional	
22	.,	27			5. Certifcate of Status	s Desired		Fe	e Req	uired		
City & State	e	City & State				6. Election Campaign	Financing		<del>\$</del> 5.	۱ 00	fay Be	
23		28			Trust Fund Contrib	Trust Fund Contribution Added to Fees						
Zip	Country	Zip	Cou	ntry		8. This corporation ov	ves the current year					
24	25	29 3	9 30			Personal Property Tax.			Yes	[	No	
Name and Address of Current Registered Agent						10. Name and Addres	s of New Registere	d Age	nt	—		
					Name							
1	Man, Robert George N. Washington Blvd.		82 Street Ac			ddress (P.O. Box Number is	Not Acceptable)					
SUITE 305			83									
SARASOTA FL 34236			84	City						85 Zip Code		
				<u>.</u> ]			F	_	4			
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					signature requ	uired when reinstating)	DATE SES TO OFFICERS	V NID C	VIDE	CTOE	S IN 12	
12.	PST OFFICERS AND	DELETE	13.			AUDITIONS/CHAIN	SES TO OFFICERS		] Chai		Addition	
TITLE	WILLMAN, ROBERT GEORGE		1.2 NAME							-		
NAME	240 N. WASHINGTON BLVD.		1.3 STREET		ADDRESS							
STREET ADDRESS	SARASOTA FL				1							
CITY-ST-ZIP	D	□ DELETÉ	1.4 CITY-5 2.1 TITLE		-211				] Chai	nge	Addition	
NAME	WILLMAN, ROBERT GEORGE	_	2.2 NAME									
STREET ADDRESS	240 N. WASHINGTON BLVD.		2.3 STREET		ADDRESS							
CITY-ST-ZIP				2, 4 CITY-ST-ZIP								
TITLE				3.1 TITLE					] Cha	nge	Addition	
NAME			3.2 N	3.2 NAME								
STREET ADDRESS	ADDRESS		3.3 ST	3.3 STREET ADDRESS							[	
CITY-ST-ZIP			3.4. C	ITY-S	T-ZIP							
TITLE		☐ DELETE	4.1 T	TLE					] Cha	nge	☐ Addition	
NAME			4. 2 N	AME								
STREET ADDRESS			4.3 ST	REET	ADDRESS							
CITY-ST-ZIP			4.4 CI	TY-ST	r- <b>zi</b> P							
TITLE		☐ DELETE	5.1 TI	πE					] Cha	nge	Addition	
NAME			5.2 N	ME								
STREET ADDRESS			5.3 ST	REET	ADDRESS							
CITY-ST-ZIP				TY-ST	-ZiP							
III.E			6.1 TI						] Cha	nge	☐ Addition	
NAME			6.2 N	AME	1							

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

STREET ADORESS

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.

FILED May 06, 1999 8:00 am Secretary of State

05-06-1999 90128 034 \*\*\*150.00