

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

**FILED**  
**Feb 27, 1999 8:00 am**  
**Secretary of State**

02-27-1999 90053 019 \*\*\*150.00

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PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # M78355**

1. Corporation Name  
**ALAN W. ROBINSON, P.A.**



Principal Place of Business <del>9450 OLD DIXIE HWY</del> <del>LAKE PARK FL 33403</del>	Mailing Address <del>9450 OLD DIXIE HWY</del> <del>LAKE PARK FL 33403</del>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <b>323 Peregrine Dr.</b> Suite, Apt. #, etc. 22 City & State 23 <b>Indialantic FL</b> Zip Country 24 <b>32903</b> 25	2a. Mailing Address 26 <b>323 Peregrine Dr.</b> Suite, Apt. #, etc. 27 City & State 28 <b>Indialantic, FL</b> Zip Country 29 <b>32903</b> 30
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3. Date Incorporated or Qualified <b>04/28/1988</b>	4. FEI Number <b>65-0053729</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <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

**ROBINSON, ALAN W**  
**9450 OLD DIXIE HIGHWAY**  
~~LAKE PARK FL 33403~~

10. Name and Address of New Registered Agent

81 Name  
 82 Street Address (P.O. Box Number is Not Acceptable)  
**323 Peregrine Dr.**  
 83  
 84 City **Indialantic** FL 85 Zip Code **32903**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	<b>PDS</b>	<input type="checkbox"/> DELETE
NAME	<b>ROBINSON, ALAN W</b>	
STREET ADDRESS	<del>7635 STEEPLE CHASE DR.</del>	
CITY-ST-ZIP	<del>PALM BEACH GRDNGS FL 33418</del>	
TITLE	<b>T</b>	<input type="checkbox"/> DELETE
NAME	<b>ROBINSON, MARTHA A</b>	
STREET ADDRESS	<del>7635 STEEPLE CHASE DR.</del>	
CITY-ST-ZIP	<del>PALM BEACH GRDNGS FL 33418</del>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	<b>323 Peregrine Dr.</b>
1.4 CITY-ST-ZIP	<b>Indialantic, FL 32903</b>
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	<b>323 Peregrine Dr.</b>
2.4 CITY-ST-ZIP	<b>Indialantic, FL 32903</b>
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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: Alan W. Robinson **SIGNED** 1/28/99 4074317758  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)