PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

1999

DOCUMENT # M80021 1. Corporation Name

E. ROBERT CULLINEY, P.A.

Principal Place	e of Business	Mailing Address					. (48:38() (41 :8:)(40)(: \$2()\$ (100) (:2(5(0))	61611 611	14	01911 61811 1881	
1881 N.E. 26TH STREET 1881 N.E. 26TH STREET											
SUITE 212-G SUITE 212-G							DO NOT WRITE IN THE	S SDA	^=		
FT. LAUDERDALE FL 33305 FT. LAUDERDALE FL 33305							DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed				
						3.	05/10/1988				
2 Principal D	lace of Business	2a. Mailing Address				4	FEI Number		Ar	plied For	
—	lace of business	26					65-0051078			ot Applicable	
Suite, Apt.	# etc	Suite, Apt. #, etc.					_	\$8		Additional	
22	.,, 5.6.	27				5.	Certificate of Status Desired		Fee R	equired	
City & State	<u> </u>	City & State				6.	Election Campaign Financing	\$	5.00	May Be	
23		28					Trust Fund Contribution		Added	to Fees	
Zip	Country	Zip	Coun	try		8.	This corporation owes the current year l			_	
24	25	29	30				Personal Property Tax.	Y		□No	
	g. Name and Address of Currer	nt Registered Agent				10.	Name and Address of New Registered	d Agen	<u>t </u>		
0.11	INEV E DODERT			B1	Name						
	LINEY, E. ROBERT		Ti-	82	Street Addre	ss (F	O. Box Number is Not Acceptable)				
	NE 26 ST., STE. 212-G		L								
F1. L	AUDERDALE FL 33309		1	83							
			la la	84	City			85	Zíp	Code	
							F				
11. Pursuant	to the provisions of Sections 607.050)2 and 607.1508, Florida Statu of Florida. Such change was a	tes, the abo authorized l	ove- bv ti	-named corpor he corporation	ration	n submits this statement for the purpose coard of directors. I hereby accept the app	ointmer	jing its it as re	registered egistered	
agent. I a	m familiar with, and accept the obliga	ations of, Section 607.0505, Flo	orida Statut	tes.	•						
SIGNATURE							reinstating) DATE				
40	Signature, typed or printed name of registered age	IND DIRECTORS (NOT)	E: Registered A	lgent :	signature required		ADDITIONS/CHANGES TO OFFICERS	ND DI	RECT	ORS IN 12	
12. ππ.ε	D OFFICERS AIT	DELETE	13. 1,1 TITL	r	$ \tau$		ADDITIONS/CHANGES TO OFFICENCY		Change	☐ Addition	
NAME				1.2 NAME				. —	•		
	1881 N.E. 26 STREET 212-G				ADDRESS						
STREET ADDRESS	FT. LAUDERDALE FK 33305			1.3 STREET ADDRESS				•			
CITY-ST-ZIP TITLE				2.1 TITLE					Change	Addition	
NAME				2.2 NAME							
STREET ADDRESS					ADDRESS						
CITY-ST-ZIP-		~	2,4 CIT		- 1		and the same of th				
TITLE		☐ DELETE	3.1 TITL						Change	☐ Addition	
NAME.			3.2 NAN	ÆΕ							
STREET ADDRESS			3.3 STR	EETA	ADDRESS						
CITY-ST-ZIP			3.4. CIT	Y-ST-	-ZIP						
TITLE		☐ DELETE	4.1 TITL	.E					Change	☐ Addition	
NAME			4. 2 NAI	ME							
STREET ADDRESS			4.3 STR	EET A	ADDRESS						
CITY-ST-ZIP			4.4 CITS	Y-ST-	-ZIP						
TITLE		☐ DELETE	5.1 TITL	E					Change	Addition	
NAME			5.2 NAN	Æ							
STREET ADDRESS	•		5.3 STR	REETA	ADDRESS						
CITY-ST-ZIP			5.4 CITY		-ZIP						
TITLE		☐ DELETE	6.1 TITL	E_					Change	☐ Addition	
NAME			6.2 NAA	ΛE	-						
STREET ANDRESS	l a cara as a come.		6.3 STR	REETA	ADDRESS						

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP

IFE ROBERT CULLIVEY

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 of an alachment with an address, with all other like empowered.

FILED Apr 16, 1999 8:00 am Secretary of State

04-16-1999 90055 005 ***150.00