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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

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

03-06-1999 90129 021 ***150.00

DOCUMENT # M99402							
1. Corporation Name S. RICHARD SAUBER, PH.D., INC.							
2. HICH	ARD SAUBER, PH.D., INC.				6 18818421 178 18118 18111 B1811 BB18 1181 B1811	8)8†)	(8) (8/8) (32)
Principal Place	e of Business	Mailing Address				BEBEL BIBLI BEBLE B	FREI DIDII FRAI
17829 SCARSDALE WAY 17829 SCARSDALE WAY							
BOCA RATON FL 33496 BOCA RATON FL 33496		BOCA RATON FL 33496					
US		US			DO NOT WRITE IN THIS 3. Date incorporated or Qualified	SSPACE	
					09/20/1988		
2 Principal Pl	ace of Business	2a, Mailing Address	-	~~~	4. FEI Number	Apr	olied For
21 Surje 112 26					65-0083189	- - - - - - - - - -	Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.					5. Certificate of Status Desired	\$8.75 A	dditional
22 7300 W, (Arm, NO Red 27)			_		5. Certificate of Status Destred	Fee Red	quired
City & State City & State					6. Election Campaign Financing	\$5.00	
23 BOLD RATUR, P. 28					Trust Fund Contribution	Added to	Fees
Zip Country Zip 24 3371, 3 25 29			Country	•	This corporation owes the current year in Personal Property Tax.		⊠No
24 357	9. Name and Address of Current		0		10. Name and Address of New Registered		74.40
	5. Name and Address of Carron	registered Agent	81	Name			
SAUBER, RICHARD S. 17829 SCARSDALE WAY			82	Chunat Add	ress (P.O. Box Number is Not Acceptable)		
			82	Street Addi	ress (P.O. Box Number is Not Acceptable)		
BOC	A RATON FL 33496		83				
			84	City		85 Zip C	ode
					FI	_	
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statutes	, the abov	e-named corp	poration submits this statement for the purpose con's board of directors. I hereby accept the appo	f changing its i	registered iistered
agent. I a	m familiar with, and accept the obligation	ons of, Section 607.0505, Florid	la Statutes	ino ociporali.	one board of direction includy described approximation		
SIGNATURE					ed when reinstating) DATE		
12.	Signature, typed or printed name of registered agent of OFFICERS AND		13.	nt signature require	ad when reinstating) ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTO	RS IN 12
TITLE	DELETE		1.1 TITLE			Change	Addition
NAME	SAUBER, S. RICHARD		1.2 NAME				1
STREET ADDRESS	17829 SCARSDALE WAY		1.3 STREE	T ADDRESS	. ,		ļ
CITY-ST-ZIP	BOCA RATON FL		1.4 CITY-S	ST-ZIP	·		
TITLE		☐ DELETE 2.			,	Change	Addition
NAME			2.2 NAME				
STREET ADDRESS			2.3 STREE	TADDRESS		••••	- 1
CITY-ST-ZIP			2. 4 CITY-	ST-ZIP		Change	Addition
TITLE			3.1 TITLE			L.; Criarige	☐ Addison
NAME			3.2 NAME	* *******			
STREET ADDRESS			1	T ADDRESS			
CITY-ST-ZIP TITLE		☐ OELETE	4.1 TITLE	31-21		Change	Addition
NAME			4. 2 NAME				
STREET ADDRESS			4.3 STREE	TADDRESS	·		
CITY-ST-ZIP			4.4 CITY-5	T-ZIP	<u> </u>		
TITLE		☐ DELETE	5.1 TITLE		· · · · · · · · · · · · · · · · · · ·	Change	☐ Addition
NAME			5.2 NAME		•		
STREET ADDRESS				T ADDRESS			ļ
CITY-ST-ZIP		□ DELETE	5.4 CITY-S 6.1 TITLE	ST-ZIP		Change	Addition
TITLE		☐ DELETE	6.1 TITLE			. The cuantite	L] AUGIUUSI }
NAME				T ADDRESS			}
STREET ADDRESS			6.4 CITY+S				J
CITY-ST-ZIP			0.4 (31 1 - 3	11- CIF			

14. 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

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/10/99 561 750 9200

Daytime Phone #

DE034 (11/98)