

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

FILED
Jun 15 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # M99831 (3)

1. Corporation Name
ROBERT A. ARABIAN, P.A.



DO NOT WRITE IN THIS SPACE

Principal Place of Business: **8333 W. MCNAB RD STE 212 TAMARAC FL 33321 US**

Mailing Address: **8333 W MCNAB RD STE 212 TAMARAC FL 33321 US**

2. Principal Place of Business: **21 P.O. BOX 25156 Suite Apt #, etc**

22 City & State: **23 TAMARAC FL**

24 Zip: **33320** 25 Country: **US**

2a. Mailing Address: **26 P.O. BOX 25156 Suite, Apt #, etc**

27 City & State: **28 TAMARAC FL**

29 Zip: **33320** 30 Country: **US**

3. Date Incorporated or Qualified: **09/22/1988**

4. FEI Number: **65-0078038** Applied For: Not Applicable:

5. Certificate of Status Desired: **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**

8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent
**ARABIAN, ROBERT A.
 8333 W. MCNAB RD
 STE 212
 TAMARAC FL 33321**

10. Name and Address of New Registered Agent

81 Name: **HOCHBERG & DIRIENZO, P.A.**

82 Street Address (P.O. Box Number is Not Acceptable): **1975 E. SUNRISE BLVD.**

83 SUITE 820

84 City: **FT. LAUDERDALE FL** 85 Zip Code: **33304**

11. Pursuant to the provisions of Sections 607.0602 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: *Carolyn Hochberg* **CAROLYN HOCHBERG-SECRETARY 4-28-98**

12. OFFICERS AND DIRECTORS

TITLE	DPS	<input type="checkbox"/> DELETE
NAME	ARABIAN, ROBERT A.	
STREET ADDRESS	8333 W MCNAB RD STE 212	
CITY-ST-ZIP	TAMARAC FL	
TITLE	TVP	<input type="checkbox"/> DELETE
NAME	ARABIAN, ROBERT A.	
STREET ADDRESS	8333 W MCNAB RD STE 212	
CITY-ST-ZIP	TAMARAC FL	
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

11 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	P.O. BOX 25156
14 CITY-ST-ZIP	TAMARAC FL 33320
21 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	P.O. BOX 25156
24 CITY-ST-ZIP	TAMARAC FL 33320
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 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 my address.

SIGNATURE: *Robert Arabian* **ROBERT A. ARABIAN** 4/28/98 (954) 721-2800

CR2E034 (10/97)