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

**PROFIT CORPORATION ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000018550 (2)

S&R PROFESSIONAL ASSOCIATES, INC.

## **FILED** May 13 1998 8:00am Secretary of State

Principal Place	of Busines	s	Maile	ng Address				T TO DESCRIPT THE TRIBOR STATE BRITE BRITE ARTER ARTER ARTER ARTER BRITE BRITE BRITE BRITE BRITE BRITE BRITE B	
2101 CORPORATE BLVD STE 101 BOCA RATON FL 33431		STE	2101 CORPORATE BLVD STE 101 BOCA RATON FL 33431				DO NOT WRITE IN THIS SPACE		
US			ÜŜ					3. Date Incorporated or Qualified	
6 Principal Pt	aco of Rusi	2000	100.1	Iniling Addross	<del></del> .			03/11/1993 4. FEI Number Applied For	
2. Principal Place of Business		<b>├</b> ─1	2a, Mailing Address				4. FEI Number Applied For 65-0428279 Not Applied		
Suite, Apt. #, etc.			26 Suite, Apt. #, etc.				SO 7E Addition		
22	.,		27	and the state of t				5. Certificate of Status Desired Fee Required	,
City & State			City & State			6. Election Campaign Financing \$5.00 May Be			
23		28	28			Trust Fund Contribution   Added to Fees			
Zip	Zip Country		Z	ip qi	Country			8. This corporation owes or has paid the current year Intangible	
24		25	29		30			Personal Property Tax due June 30. X Yes No	
		and Address of C	urrent Register	red Agent		1		10. Name and Address of New Registered Agent	_
	ULLMAN, S				l'	81	Name		
		rate blyd				82	Street Add	dress (P.O. Box Number is Not Acceptable)	
	E 101					_			
BO	CA RATOR	I FL 33431				83			
						84	City	FL 85 Zip Code	
44 Piercuant t	a tha aravis	ione of Sections 60	7 0502 and 607	1508 Florida Statu	tes the sh	0//6	a-named cor	rporation submits this statement for the purpose of changing its register	- Der
office or re agent. I ar	egistered ag n familiar w	jent, or both, in the ith, and accept the	State of Florida obligations of, S	Such change was Section 607.0505, F	authorized lorida Statu	by	the corpora	ation's board of directors. I hereby accept the appointment as registere	ď
SIGNATURE									
	Signature, typed	or printed range of registr			~~~~~	Age	nt signature requ	uired when reinstating) DATE	
12.	PD	OFFICE	S AND DIRECT	DELETE	13.	<u> </u>	—Т	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	ition 3
NAME		MAN, STEVEN		pecete	1.2 NA			المراجعة الم	
STREET ADDRESS		ORPORATE BLVI	#101				ADORESS		
CITY-ST-ZIP		ATON FL	, , , , , ,		1.4 CIT				
TITLE	TD			DELETE	2.1 TIT		, <u>, , , , , , , , , , , , , , , , , , </u>	Change Addi	tion
NAME	SHULLMAN, RITA			2 2 NAI			•	ļ	
STREET ADDRESS 2101 CORPORATE BLVD #101				2 3 STR	EET	ADDRESS			
CITY-ST-ZIP	BOCA F	PATON FL			2. 4 CiT				
TITLE				DELETE	3.1 TITE	.E		☐ Change ☐ Addi	tion
NAME					3.2 NA	ME.			
STREET ADDRESS					3.3 STR	EET	ADDRESS		
CITY-ST-ZIP					3.4. CIT	Y-S	ST-ZIP		
TITLE				DELETE	4.1 TITU	E		☐ Change ☐ Addi	tion
NAME					4. 2 NA	ME			- 1
STREET ADDRESS					4.3 STA	EET	ADDRESS		
CITY+ST-ZIP					4.4 CIT		T-ZIP		
TITLE				☐ DELETE	5.1 TEL	.E		☐ Change ☐ Addi	tion
NAME					5.2 NA)	Æ			
STREET ADDRESS					5.3 STR	EET	ADDRESS		
CITY-ST-ZIP					5.4 CIT		T - ZIP		
TITLE				DELETE	6.1 TITL	.E		Change Addi	tion
NAME					6.2 NA	ΑE			Ì
STREET ADDRESS					6.3 STR	EET	ADDRESS		
CITY-ST-ZIP					6.4 CIT	Y- 51	T-ZIP		

14. Thereby 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 is 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 charged, or on an attachment with an address.

RITAL. SHULLMAN

4/29198

521-994-3311