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

**PROFIT CORPORATION** ANNUAL REPORT

1999



DOCUMENT # **P93000018550**1. Corporation Name

S&R PROFESSIONAL ASSOCIATES, INC.

FLORIDA DEPARTMENT OF STATE

**Katherine Harris** 

Secretary of State

**DIVISION OF CORPORATIONS** 

## FILED May 11, 1999 8:00 am Secretary of State

05-11-1999 90023 013 \*\*\*150.00

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Principal Place	of Business	Mailing Address								
2101 CORPORA	ITE BLVD	2101 CORPORATE BLV	D							
STE 101		STE 101				DO NOT WRITE IN THIS SPACE				
BOCA RATON I	FL 33431	BOCA RATON FL 33431 US	ı			Date Incorporated or Qualifed	io or Aoc			
03		00				03/11/1993				
2. Principal Pl	ace of Business	2a, Mailing Address				4. FEI Number	<i>F</i>	Applied For		
21		26				65-0428279		Not Applicable		
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certifcate of Status Desired	•	Additional Required		
City & State		City & State				6. Election Campaign Financing	\$5.00	May Be		
<b>一</b> , ・	,	28				Trust Fund Contribution		to Fees		
23   Zip	Country	Zip	Cou	ntry		8. This corporation owes the current year				
24	25	29	30	-		Personal Property Tax.	Yes	□No		
	9. Name and Address of Curi					10. Name and Address of New Register	ed Agent			
	<u> </u>			81	Name					
	LLMAN, STEVEN			82	Street A	Address (P.O. Box Number is Not Acceptable)				
2101 STE	CORPORATE BLVD			20			<del></del>			
	A RATON FL 33431			83				1		
BOO.	A NATON FE 30401			84	City		85 Zip	Code		
				$oxed{oxed}$		-	L	to as sistared		
office or re	to the provisions of Sections 607.0 egistered agent, or both, in the Sta m familiar with, and accept the obli	ate of Florida. Such change wa	is authorized	DV:	the corpor	corporation submits this statement for the purpose ration's board of directors. I hereby accept the ap	pointment as	registered		
SIGNATURE						DATE				
	Signature, typed or printed name of registered a	agent and title if applicable. (N AND DIRECTORS		Agent	signature rec	quired when reinstating) DATE  ADDITIONS/CHANGES TO OFFICERS	AND DIRECT	OPS IN 12		
12.	PD	AND DIRECTORS  SOLUTIONS	13.			D.S.	Change			
TITLE		Z DELETE	1.2 N		- 1	Butts, Bernard		*		
NAME	SHULLMAN, STEVEN 2101 CORPORATE BLVD, #	101	li li		ADDDECC	1790 W. 49 Street, #2	1.0			
STREET ADDRESS		IUI			ADDRESS	•	10			
CITY-ST-ZIP	BOCA RATON FL	☐ DELETE		1Y-\$1	<u>-ZIP</u>	Hialeah, FL 33012	Change	a Addition		
TITLE	TD CUITILIAAAN DITA	(Apere)	2.1 N		- 1	P.D.T.	X	_		
NAME	SHULLMAN, RITA	104				Shullman, Steven J.				
STREET ADDRESS	2101 CORPORATE BLVD #1	IVI			ADDRESS	2101 Corporate Blvd.,		}		
CITY-ST-ZIP	BOCA RATON FL	DELETE	2.4 C		I-ZIP	Boca Raton, FL 33431	Change	e Addition		
TITLE					-					
NAME			3.2 NA							
STREET ADDRESS					ADDRESS			Ì		
CITY-ST-ZIP		☐ DELETE	3.4. C		I-ZIP		☐ Change	e		
TITLE					1					
NAME			4.2 N							
STREET ADDRESS					ADDRESS					
CITY-ST-ZIP		FI her ere	4.4 CF		-ZIP		Change	e		
TITLE		☐ DELETE	5.1 TI 5.2 N/		ł		change			
NAME					AUDDEE			1		
STREET ADDRESS					ADDRESS					
CITY-ST-ZIP	<u>.</u>		5.4 CI		-ZIP		Change	e Addition		
TITLE		☐ DELETE	- 1		1		Change	- Addition		
NAME			6.2 N/					1		
STREET ADDRESS			6.3 \$1	REET	ADDRESS			ļ		

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:

Steven J. Shullman

CR2E034 (11/98)