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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

FILED

Jan 26, 1999 8:00am

Secretary of State

01-26-1999 90008 031 ***150.00

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000044073

1. Corporation Name

ROBERT S. FEIGELIS, CERTIFIED PUBLIC ACCOUNTANT,

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l '	ce of Business	. Mailing A						,			
3300 UNIVERS	ITY DRIVE	6613 NW		•••							
305 CORAL SPRING	GS FL 33065	CORAL S	PRINGS FL 3306	07				DO NOT WE	RITE IN THIS	SPACE	
US							3.	Date Incorporated or Qualife		OF AGE	
[-	06/16/1993			٠ ; ; , ,
2, Principal F	Place of Business	2a. Mailir	ng Address				4.	FEI Number	•	i	Applied For
21	·	26						65-0422474			Not Applicable
Suite, Apt.	#, etc.	Suite	, Apt. #, etc.				T	Cartifacta of Status Decised		\$8.7	5 Additional
22		27					5.	Certifcate of Status Desired		Fee	e Required
City & Star	te	City &	& State				6.	Election Campaign Financing) · C	. \$5.	00 May Be
23		28					_	Trust Fund Contribution		Add	led to Fees
Žip	Country	Zip		Coul	ntry		8.	This corporation owes the cu	rrent year Int		-1_1-1
24	[25]	29		30				Personal Property Tax.		Yes	□No
ļ	9. Name and Address of Curr	ent Registered	Agent		81	Name	10.	Name and Address of New	Registered	Agent	
FEIC	GELIS, ROBERT S.		, 1		' '	ivame					
	3 NW-48TH STREET		Territoria.		82	Street Addre	ss (P	P.O. Box Number is Not Accep	table)		
	RAL SPRINGS FL 33067			-	83			13 1 1 1 1 1 1 1 1 1 1	<u> </u>		is jaksonis sas.
					83						14. 建设定数。
		+ · · (84 (City					Zip Code
24 Divinions	to the provisions of Sections 607.05	502 and 607 150	10 Florido Ctotu	too the ob					FL		
f - ✓ office or r	to the provisions of Sections 607.05 registered agent, or both, in the Stat	e of Florida` Suc	'h change was's	authorized	hv th	e corporation	าสแอก า's bo	oard of directors. I hereby acce	e purpose of ept the appoi	cnanging ntment a	g its registered s registered
C agent. I a	im familiar with, and accept the oblig	gations of, Section	on 607.0505, Flo	orida Statu	ites.						-
SIGNATURE	Signature, typed or printed name of registered as	part and title if applicat	alo (NOTI	E: Desistered	Amont of	gnature required			DATE		
12.		ND DIRECTOR			⊶Aaıır sı	Statute reduited			DATE		1 3 2 2 2 2
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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 an antachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP