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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **P93000075228**1. Corporation Name

ROBERT W. CRAWFORD, P.A.

FILED Feb 06, 1999 8:00am **Secretary of State**

02-06-1999 90031 020 ***150.00



Principal Place	e of Business	Mailing Address			1 (46)(48) ((8 (8(8))())) (4	ili 98ili 98ili 68ili 19i	9 M 1 M 14 1 W 1 W 1	IM 11881 1511 1681
1215 EAST BRO	OWARD BLVD.	1215 EAST BROWARD BLVD	t.					
FT. LAUDERDA		FT. LAUDERDALE FL 33301					DAC=	
						WRITE IN THIS S	PAUL	····
					3. Date Incorporated or Qual	ned		
	, i	A Mailing Address			11/01/1993 4. FEI Number		114	pplied For
	lace of Business				65-0479208			lot Applicable
21 Suite Ant	# atc	<u></u>			0070479200			Additional
Suite, Apt.	m, 610.				Certificate of Status Desire	d 🗆	•	Required
22 City & Stat	te .	10		···	6. Election Campaign Finance	ing _		
23		28			6. Election Campaign Financing S5.00 May Be Trust Fund Contribution Added to Fees			
Zip	Country	Zip	Cour	itry	8. This corporation owes the	current year Intar	ngible	
24	25	⊢ , ·	30		Personal Property Tax.		Ŭ Yes	¥¥No
<u></u>	9. Name and Address of Current				10. Name and Address of No	ew Registered A	gent	-
		51 May 1980		81 Name				
	ALDI, BETTY		-	82 Street A	ddress (P.O. Box Number is Not Acc	ceptable)		
	E. BROWARD BLVD.				1 4 4 7 65 W. A. A. A.	<u>a a ang ang taong sang</u>	يجود فارد حد	· · · · · · · · · · · · · · · · · · ·
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.11. Pursuant	to the provisions of Sections 607.0502 registered agent, or both, in the State of	and 607:1508, Florida Statutes	s, the ab	ove-named corpor	corporation submits this statement for	the purpose of c	hanging it	s registered
office or r agent. I a	registered agent, or both, in the State of im familiar with, and accept the obligation	ons of, Section 607.0505, Florid	da Statu	tes.	ration a board of difectors, r nereby a	Soopi alo appoint		,
-		•						· · · /
SIGNATURE	-							
SIGNATURE	Signature, typed or printed name of registered agent a			Agent signature req	quired when reinstating)	DATE		
.12.	OFFICERS AND	DIRECTORS	13.		ADDITIONS/CHANGES TO			
12.	OFFICERS AND		13.	.E			DIRECT Change	
12. TITLE NAME	OFFICERS AND PST CRAWFORD, ROBERT W	DIRECTORS	13. 1.1 TITI 1.2 NAJ	E AE	ADDITIONS/CHANGES TO			
12. TITLE NAME STREET ADDRESS	OFFICERS AND PST CRAWFORD, ROBERT W 1215 EAST BROWARD BLVD.	DIRECTORS	13. 1.1 TIT 1.2 NAJ 1.3 STF	E ME REET ADDRESS	ADDITIONS/CHANGES TO			
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND PST CRAWFORD, ROBERT W	DIRECTORS DELETE	13. 1.1 TITE 1.2 NAI 1.3 STF 1.4 CIT	E AE EET ADDRESS Y-ST-ZIP	ADDITIONS/CHANGES TO	OFFICERS AND	☐ Change	Addition
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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 endowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changer, or on an attachment with a address, with all other like empowered.

SIGNATURE:

1/14/99

(954) 467-0200