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

PROFIT CORPORATION ANNUAL REPORT 1998



Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P93000077431 (3)

LAW OFFICE OF HARLAN R. DOMBER, P.A.

-				
Principal Place of Business	Mailing Address		f emainent tim incom tetta until nutit suesi mutit int	FII (ENII 4140   1((0) 128) (40)
3900 CLARK ROAD	3900 CLARK ROAD			
SUITE L-1	SUITE L-1		DO NOT WRITE IN THIS	SPACE
SARASOTA FL 34233	SARASOTA FL 34233 US		3. Date Incorporated or Qualified	. 017102
} 50	00		11/09/1993	
2. Principal Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21	26		65-0447546	Not Applicable
Suite, Apt #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22	27		5. Celtificate of Status Desired	Fee Required
City & State	City & State		6. Election Campaign Financing	<b>\$5.00</b> May Be
Zio Country	28 Zip	Carretor	Trust Fund Contribution	Added to Fees
Zip Country	, ·	Country 30	<ol> <li>This corporation owes or has paid the cu Personal Property Tax due June 30.</li> </ol>	rrent year Intangible  X Yes  No
	Current Registered Agent	30	10. Name and Address of New Registered	
DOMBER, HARLAN R.		81 Name		
2801 FRUITVILLE ROAD		20 21	(5.0.6. ))	
SUITE 150		82 Street Add: 3900	ress (P.O. Box Number is Not Acceptable)	
SARASOTA FL 34237		83		
0.44.00.001201		<u> </u>	E L-12.	Teel Transition 1
		84 City SA	RASOTA, FL	85 Zip Code 34233
11. Pursuant to the provisions of Sections	07.0502 and 607.1508, Florida Statute	es, the above-named corp	poration submits this statement for the purpose of tion's board of directors. I hereby accept the ap	of changing its registered
agent, I am familiar with and accept the	ne State of Florida. Such change was a n <b>er</b> obligations of, Section 607,0505. Fic	iuthorized by the corporal orlda Statutes.	tion's board of directors. I hereby accept the ap	pointment as registered
18/16-1-1	1 HAPLAN & DO	MER	11	5/98
SIGNATURE Signature, typed or printed name of regi	X HALLEW & Vo. (NOTE	WSEK E: Registered Agent signature requi	red when reinstating) DATE	5/98
SIGNATURE Signature, typed or printed name of regi	HALLEN L. VO  Intered agent and title if applicable. (NOTE  ERS AND DIRECTORS	E: Registered Agent signature requi	1)	D DIRECTORS IN 12
SIGNATURE SIgnature, typed or printed name of regil  12. OFFICE TITLE DP	X HALLEW & Vo. (NOTE	E: Registered Agent signature requi	red when reinstating) DATE	5/98
SIGNATURE Signature, typed or printed name of regile  12. OFFICE TITLE DP NAME DOMBER, HARLAN R	W HALLPW L NOTE instanced agent and title if applicable. (NOTE ERS AND DIRECTORS  DELETE	E: Registered Agent signature requited 13. 1.1 TITLE 1.2 NAME	red when reinstating) DATE	D DIRECTORS IN 12
SIGNATURE DP  DOMBER, HARLAN R  SIGNATURE SIGN	W HALLPW L NOTE instanced agent and title if applicable. (NOTE ERS AND DIRECTORS  DELETE	E: Registered Agent signature requit  13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS	red when reinstating) DATE	D DIRECTORS IN 12
SIGNATURE SIGNAT	W HALLPW L NOTE instanced agent and title if applicable. (NOTE ERS AND DIRECTORS  DELETE	E: Registered Agent signature requit  13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	red when reinstating) DATE	D DIRECTORS IN 12
SIGNATURE	HALLEN L. VO  Instaired agent and title if applicable. (NOTE  ERS AND DIRECTORS  DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE	red when reinstating) DATE	D DIRECTORS IN 12 Change Addition
SIGNATURE  DP  DOMBER, HARLAN R  8715 GREY OAKS AVE  SARASOTA FL  TITLE  DST  DOMBER, ESTHER M.	HALLEN L. VO  INSTEED AGENT and title if applicable. (NOTE  ERS AND DIRECTORS  DELETE  DELETE  DELETE	E: Registered Agent signature requit  13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	red when reinstating) DATE	D DIRECTORS IN 12 Change Addition
SIGNATURE  DP  NAME  DOMBER, HARLAN R  STHEET ADDRESS  STATE OAKS AVE  SARASOTA FL  TITLE  DST  DOMBER, ESTHER M.	HALLEN L. VO  INSTEED AGENT and title if applicable. (NOTE  ERS AND DIRECTORS  DELETE  DELETE  DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME	red when reinstating) DATE	D DIRECTORS IN 12 Change Addition
SIGNATURE	HALLEN L. VO  INSTEED AGENT and title if applicable. (NOTE  ERS AND DIRECTORS  DELETE  DELETE  DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS	red when reinstating) DATE	D DIRECTORS IN 12 Change Addition
SIGNATURE	HALLEN L. VO  Installed agent and title if applicable. (NOTE  ERS AND DIRECTORS  DELETE  DELETE  DELETE	E: Registered Agent signature requit  13.  1.1 TITLE  1.2 NAME  1.3 STREET ADDRESS  1.4 CITY-ST-ZIP  2.1 TITLE  2.2 NAME  2.3 STREET ADDRESS  2.4 CITY-ST-ZIP	red when reinstating) DATE	D DIRECTORS IN 12 Change Addition Change Addition
SIGNATURE  DP  DOMBER, HARLAN R  SARASOTA FL  TITLE  DST  DOMBER, ESTHER M.  STREET ADDRESS  CITY-ST-ZIP  SARASOTA FL  TITLE  SARASOTA FL  TITLE  TITLE  SARASOTA FL	HALLEN L. VO  Installed agent and title if applicable. (NOTE  ERS AND DIRECTORS  DELETE  DELETE  DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE	red when reinstating) DATE	D DIRECTORS IN 12 Change Addition Change Addition
SIGNATURE  DP  DOMBER, HARLAN R  8715 GREY OAKS AVE  SARASOTA FL  TITLE  DST  DOMBER, ESTHER M.  STREET ADDRESS  CITY-ST-ZIP  SARASOTA FL  TITLE  NAME  NAME  NAME	HACLEN L. VO  Instituted agent and title if applicable. (NOTE  ERS AND DIRECTORS  DELETE  DELETE  DELETE  DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME	red when reinstating) DATE	D DIRECTORS IN 12 Change Addition Change Addition Change Addition
SIGNATURE	HALLEN L. VO  Installed agent and title if applicable. (NOTE  ERS AND DIRECTORS  DELETE  DELETE  DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.3 STREET ADDRESS	red when reinstating) DATE	D DIRECTORS IN 12 Change Addition Change Addition
SIGNATURE	HACLEN L. VO  Instituted agent and title if applicable. (NOTE  ERS AND DIRECTORS  DELETE  DELETE  DELETE  DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	red when reinstating) DATE	D DIRECTORS IN 12 Change Addition Change Addition Change Addition
SIGNATURE  SIGNATURE  SIGNATURE  SIGNATURE  SIGNATURE  SIGNATURE  DP  NAME  DOMBER, HARLAN R  STREET ADDRESS  CITY-ST-ZIP  SARASOTA FL  TITLE  DST  DOMBER, ESTHER M.  STREET ADDRESS  CITY-ST-ZIP  SARASOTA FL  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  TITLE  TITLE  TITLE  TITLE  TITLE  TITLE  SIGNATURE  SARASOTA FL  TITLE  NAME  SIGNATURE  SARASOTA FL  TITLE  NAME  SIGNATURE  SI	HACLEN L. VO  Instituted agent and title if applicable. (NOTE  ERS AND DIRECTORS  DELETE  DELETE  DELETE  DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE	red when reinstating) DATE	D DIRECTORS IN 12 Change Addition Change Addition Change Addition
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SIGNATURE  DP  DOMBER, HARLAN R  8715 GREY OAKS AVE  SARASOTA FL  TITLE  DST  DOMBER, ESTHER M.  8715 GREY OAKS AVE  SARASOTA FL  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME	HALLPIN 2 VO  ISTORICA APPRICABLE. (NOTE  ERS AND DIRECTORS  DELETE  DELETE  DELETE  DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME	red when reinstating) DATE	D DIRECTORS IN 12 Change Addition Change Addition Change Addition Change Addition
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 I hereby certify that the informatio indicated on this annual report or officer or director of the corporation Block 12 or Block 13 if changed. n this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information agrued report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an error trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in

**FILED** 

Jan 26 1998 8:00am

Secretary of State

941-923-9930