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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # **P94000049710**1. Corporation Name

ROBERT E. CARROLL & ASSOCIATES, INC.

FILED May 04, 1999 8:00 am Secretary of State

05-04-1999 90162 017 ***150.00



•									
Principal Place of Business Mailing Address						, (((((((((((((((((((B1448 14111 ;		
12667 SNADY F	RUN RD	12667 SNAC	Y RUN RD						
JUPITER FL 33478		JUPITER FL 33478				DO NOT WRITE IN THIS	SPACE		
						3. Date Incorporated or Qualifed	OI AOL		
						07/05/1994			
O Deimeimel D	logs of Business	2n Mailing	Address			4. FEI Number		Applied For	
–	lace of Business	2a. Mailing Address				65-0530298	H	Not Applicable	
(1) Cuita A=4	# -4-	26 Suite A	Suite, Apt. #, etc.			03 0330290	\$8.7	5 Additional	
Suite, Apt.	#, etc.	— ·				5. Certificate of Status Desired		Required	
City & State		27 City & S	State			6. Election Campaign Financing	\$5	00 May Be	
	•	28	0.0.0			Trust Fund Contribution		led to Fees	
Zip	Country	Zip		Countr	v	8. This corporation owes the current year In			
¬ '	[25]	29	6	30	•	Personal Property Tax.	☐Yes	ПNo	
4{	9. Name and Address of Curre					10. Name and Address of New Registered	Agent		
	91 (1881)			8	Name				
CAR	roll, robert e			L.	Ctra-t A -	tens (D.O. Bay Number is Not Assentable)			
	37 SANDY RUN RD		83			Street Address (P.O. Box Number is Not Acceptable)			
	TER FL 33478			8:	3				
				L	<u> </u>				
				84	City	FL	85 2	Zip Code	
44 . D	to the annihing of Continue 607.05	02 and 607 1609	Elorida Statutor	e the abou	ve-named con	poration submits this statement for the purpose of ion's board of directors. I hereby accept the appo	changing	its registered	
	Signature, typed or printed name of registered ag		(NOTE: I		ant signature requir	red when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS A	ND DIRE	CTORS IN 12	
12.	, _ ,	ND DIRECTORS	DELETE	13.		ADDITIONS/CHANGES TO OFFICERS A	Char		
TITLE	PSTD		- DELETE		l l	·		.g. (
NAME	CARROLL, ROBERT E			1.2 NAME		•			
STREET ADDRESS					ET ADDRESS				
CITY-ST-ZIP	JUPITER FL 33478		☐ DELETE	1.4 CITY-			Char	nge [] Addition	
TITLE			DELETE	2.1 TTLE				.go (
NAME	į –			2.2 NAME	1				
STREET ADDRESS					ET ADDRESS	and the second s			
CITY-ST-ZIP			C DELETE		31-21		☐ Char	nge [] Addition	
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NAME .				3 2 NAME	}				
STREET ADDRESS					ET ADORESS				
CITY-ST-ZIP			DELETE	3.4. CITY-			Chai	nge	
TILE	}		□ nefele	4.1 TITLE			<u>ب</u>	.a	
NAME				4. 2 NAME					
STREET ADDRESS	,				ET ADDRESS				
CITY-ST-ZIP			□ DELETE	4.4 CITY-			☐ Chai	nge 🗍 Addition	
TITLE			☐ DELETE	5.1 TITLE 5.2 NAME		·		A Made	
NAME					1				
STREET ADDRESS	,	-	•	1	ET ADDRESS				
CITY-ST-ZIP			T priese	5.4 CITY- 6.1 TITLE			Chai	nge 🔲 Addition	
TITLE			DELETE	1				igo [_] Addition	
NAME				6.2 NAME	ļ.				
STREET ADDRESS				6.3 STRE	ET ADORESS				

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 of an attachment with an address, with all of 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 on the corporation of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607.

SIGNATURE:

CR2E034 (11/98)