## 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 # P95000078038

1. Corporation Name

ROBERT M. STEENBERGH, P.A.

Principal Place of Business	Mailing Address	( 198() but the (8(8) 8(5)) south settle south state here a constitution
600 N. HWY 17-92 SUITE 122 LONGWOOD FL 32750	600 N. HWY 17-92 Suite 122 Longwood FL 32750	DO NOT WRITE IN THIS SPACE
IIS	IIS	3 Date Incorporated or Qualifed

## **FILED** Apr 20, 1999 8:00 am Secretary of State

04-20-1999 90263 022 \*\*\*150.00

	Mailing Address		T 188(188) 118 (808) 8131 BBUT 8810 8810 1880 1810 1810	
600 N. HWY 17-92	600 N. HWY 17-92			
SUITE 122	SUITE 122		TO MATERIAL THE ORACE	
LONGWOOD FL 32750	LONGWOOD FL 32750		DO NOT WRITE IN THIS SPACE	
US	US	<i>(</i> 2)	3. Date Incorporated or Qualifed	
	· , <u>.</u>		===10/11/1995	
2. Principal Place of Business	2a. Mailing Address	. 1	i ————————————————————————————————————	pplied For
21 707 MENDHAM BLO		SHAW SCA	- 00 00 11 101	ot Applicable
Suite, Apt. #, etc.	., . Suite, Apt. #, etc.		LE Cortifecte et Status Decired	Additional
	27 00		Fee R	equired
City & State	City & State		6. Election Campaign Financing \$5.00	May Be
23 ORLANDO FC	28 OR (AV)	0 7	Trust Fund Contribution Added	to Fees
Zip Country		Country	8. This corporation owes the current year Intangible	
24 3 3 25 25 A	29 3000 3	30 007	Personal Property Tax.	□No
9. Name and Address of Current R	tegistered Agent		10. Name and Address of New Registered Agent	
	18, 535	81 Name		
STEENBERGH, ROBERT M	tu at t	82 Street Add	ross (P.O. Box Number is Not Accentable)	
600 N. HWY 17-92		30007	ress (P.O. Box Number is Not Acceptable)	
SUITE 122		83		
LOONGWOOD FL 32750				
		84 City	LANDO FL 85 ZD	ا کھی
11. Pursuant to the provisions of Sections 607.0502 a	nd 607.1508, Florida Statutes	s, the above-named corp	poration submits this statement for the purpose of changing its	s registered
office or registered agent, or both, in the State of F agent. I am familiar with, and accept the obligation	Florida. Such change was aut	thorized by the corporati	on's board of directors. I hereby accept the appointment as re	egistered
SIGNATURE	13 01, 6664617 007.0000, 1 1011	du ciatato.		
Signature, typed or printed name of registered agent an		Registered Agent signature require		
12. OFFICERS AND I		13,	ADDITIONS/CHANGES TO OFFICERS AND DIRECT	
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<del></del>		1.1 TITLE \\ \C	TChange TXENDTAIN BLOD, #	☐ Addition
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TITLE D NAME STEENBERGH, ROBERT M		1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS	TChange TXENDTAIN BLOD, #	☐ 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 supplied at 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 of 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.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECT