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PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Morham**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Feb 09 1998 8:00am  
Secretary of State

DOCUMENT # P96000005711 (2)

1. Corporation Name

ROBERT GELTNER, P.A.

Principal Place of Business

3717 DEL PRADO BLVD.  
SUITE 2  
CAPE CORAL FL 33904

Mailing Address

3717 DEL PRADO BLVD.  
SUITE 2  
CAPE CORAL FL 33904

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301-2525

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.01(1)(a) and 607.01(1)(b), Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent or both in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligation of Sections 607.01(1)(a), Florida Statutes.

SIGNATURE

(Signature of Registered Agent)

(Signature of Registered Agent)

DATE

12. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY, ST, ZIP  
TITLE  
NAME  
STREET ADDRESS  
CITY, ST, ZIP  
TITLE  
NAME  
STREET ADDRESS  
CITY, ST, ZIP  
TITLE  
NAME  
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NAME  
STREET ADDRESS  
CITY, ST, ZIP  
TITLE  
NAME  
STREET ADDRESS  
CITY, ST, ZIP  
TITLE  
NAME  
STREET ADDRESS  
CITY, ST, ZIP

PSTD  
GELTNER, ROBERT  
3717 DEL PRADO BLVD., SUITE 2  
CAPE CORAL FL 33904

☐ DELETED

☐ DELETED

☐ DELETED

☐ DELETED

☐ DELETED

☐ DELETED

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  
5.3 STREET ADDRESS  
5.4 CITY, ST, ZIP  
6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY, ST, ZIP

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

14. I hereby certify that the information supplied with this filing complies with the requirements of Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this 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 registered agent, and that I am authorized to sign this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 of this filing.

SIGNATURE:

(Signature)

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