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Secretary of State

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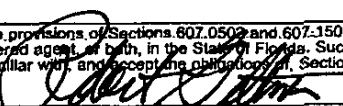
PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # P96000005711 1. Corporation Name ROBERT GELTNER, P.A.		

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	P.O. Box 773 33910-0773
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 4502 WINDHAMMER LANE Suits, Apt. #, etc. 22 Suite 2B City & State 23 PORT MYERS, FL Zip 24 33919 Country 25 USA		2a. Mailing Address 26 P.O. Box 773 Suits, Apt. #, etc. 27 City & State 28 CAPE CORAL, FL Zip 29 33910-0773 Country 30 USA		3. Date Incorporated or Qualified 01/18/1996	4. FEI Number NOT APPLICABLE	Applied For ☐ Applied For ☐ Not Applicable
				5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required		
				6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees		
				8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☐ No		

9. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-2525		10. Name and Address of New Registered Agent 81 Name ROBERT GELTNER 82 Street Address (P.O. Box Number is Not Acceptable) 4502-2B WINDHAMMER LANE 83 PORT MYERS 84 City PORT MYERS FL 85 Zip Code 33919	
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent of 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 obligations of, Section 607.0505, Florida Statutes.		DATE 4-12-99	
SIGNATURE 			

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PSTD ☐ DELETE	1.1 TITLE	☒ Change ☐ Addition
NAME	GELTNER, ROBERT	1.2 NAME	
STREET ADDRESS	3717 DEL PRADO BLVD., SUITE 2	1.3 STREET ADDRESS	4502-2B WINDHAMMER LANE
CITY-ST-ZIP	CAPE CORAL FL 33904	1.4 CITY-ST-ZIP	PORT MYERS FL 33919
TITLE	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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, or on an attachment with an address, with another person empowered.

SIGNATURE:


 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-9-99 **941-988 2900**
2312

CR2E034 (11/98)