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 # P96000028768

ROBERT D. HALL, JR., P.A.

Principal Place of Business Mailing Address								101 04100 0400	17047 1417, 180		
702 DOWNS AV	/ENUE	702 DOWNS AVENUE									
TEMPLE TERRACE FL 33617		TEMPLE TERRACE FL 33617				DO NOT WRITE IN THIS SPACE					
						-	Date Incorporated or Qualifed	TE IN TIME	TOTACE		
						J.	03/29/1996				
						4. IFEI Number				Applied For	
2. Principal Place of Business 2a. Mailing Address						4.				Applied For	
21		26				ļ	59-3370151			Not Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5.	Certifcate of Status Desired			Additional Required	
22		27									
City & State						6. Election Campaign Financing				May Be	
23 28						_	Trust Fund Contribution			d to Fees	
Zip	Country	Zip	Country			8.	This corporation owes the curr	ent year Int	<u>_7</u>		
24	25]	29 30	<u> </u>			<u> </u>	Personal Property Tax.		Yes	□No	
	9. Name and Address of Current	Registered Agent	81			10.	Name and Address of New F	legistered	Agent		
PROMOTEIN JOEL D				Nam	е		}				
BRONSTEIN, JOEL D 150 SECOND AVENUE NORTH, STE. 1100 ST. PETERSBURG FL 33701			82	Street Addr		s (P	O. Box Number is Not Acceptable)				
					_	·					
			83								
			84	City			1	; · [+ - -	85 Zip	n Code	
,	ā		04	City			1. 100000000000000000000000000000000000	:: "FL	- 03 - 1	12000	
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statutes,	the above	e-name	d corpor	atior	submits this statement for the	purpose of	changing i	ts registered	
l office or ri	egistered agent, or both, in the State of familiar with, and accept the obligation	it Florida. Such change was auth	iorizea by	tne co	poration	's bo	pard of directors. I hereby accep	it the appor	ntment as r	registerea	
_	m tamiliar with, and accept the obligati	01, 3ection 007,0005, 1 londs	Juanures	•							
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable (NOTE: Re	gistered Agen	t signatu	e required v	vhen re	einstating)	DATE			
12.	OFFICERS AND		13.			- /	ADDITIONS/CHANGES TO OF	FICERS AN	ID DIRECT	ORS IN 12	
TITLE	D	☐ DELETE	1.1 TITLE		P	A	NO D		Change	e Addition	
NAME I	HALL, ROBERT D JR.		1.2 NAME		1 '		1			- 3	
STREET ADDRESS	702 DOWNS AVENUE		1.3 STREET	ADDRES	s		/ / 0				
1	TEMPLE TERRACE FL		1.4 CTTY-ST		~		336/1				
CITY-ST-ZIP TITLE	TEMPLE TEMPOLIFE	☐ DELETE	2.1 TITLE				<u></u>		Change	e 🔲 Addition	
			2.2 NAME		1				· ·		
NAME			2.3 STREET	* ADODES	.					\ .	
STREET ADDRESS					-		والمراجع المواسطية	2 -4-			
CITY-ST-ZIP		☐ DELETE	2. 4 CITY-S	I-ZIP	+				Change	e Addition	
TITLE		□ DECE IE	3.1 TITLE				•			,	
NAME			3.2 NAME								
STREET ADDRESS			3 3 STREET		is						
CITY-ST-ZIP			3.4 CITY-S	T-ZIP						Addition	
TITLE		☐ DELETE	4,1 TITLE		1				Change	e Addition	
NAME			4. 2 NAME		1						
STREET ADDRESS			4.3 STREET	ADDRES	is	ì					
CITY-ST-ZIP			4.4 CITY-S1	r-ZIP_	_						
TITLE		☐ DELETE	5.1 TITLE		Ī				Change	e Addition	

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 all other like empowered.

2 NAME

6.1 TITLE

6.2 NAME

DELETE

5.3 STREET ADORESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

NAME

TITLE

NAME

STREET ADDRESS

STREET ADORESS

CITÝ-ST-ZIP

CR2E034 (11/98)

Change

☐ Addition

FILED

Feb 27, 1999 8:00 am Secretary of State

02-27-1999 90100 011 ***150.00