**PROFIT CORPORATION** ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

**DOCUMENT #** P96000031962

TROY HUTSLER, P.A.

Principal Place of Business

Mailing Address

## **FILED** Jul 27, 1999 8:00 am Secretary of State

07-27-1999 90025 024 \*\*\*150.00



FT LAUDERDA		FT LAUDERDALE FL 333	34		DO NOT WRITE IN THIS S  3. Date Incorporated or Qualified  04/08/1996	SPACE		
2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number	Applied F		
21		26			65-0655455 Not Applicate			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired \$8.75 Additional Fee Required			
City & State		City & State	City & State		Election Campaign Financing     Trust Fund Contribution	·		
Zip	Country	Zip	Coul	ntry	8. This corporation owes the current year	,		
24	25	29	30		Intangible Personal Property. Yes N			
	9. Name and Address of Curren	t Registered Agent		ad N	10. Name and Address of New Registered A	gent		
LIII	TOLED TOOV			81 Name				
	isler, troy 1 ne 16 terrace		82 Street Add		dress (P.O. Box Number is Not Acceptable)			
	AUDERDALE FL 33334		83					$\overline{}$
				O4 City	<u> </u>	los l	Zip Code	
				84 City	FL		-	
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, 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 obligations of, section 607.0505, Florida Statutes.								
SIGNATURE .	Signature, typed or printed name of registered ager	nt and title if applicable. (N	OTE: Registe	ed Agent signature rec	quired when reinstating) DATE			ء
12.	OFFICERS AN	ID DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND	) DIRE	ECTORS IN	12 ddition
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NAME	HUSTLER, TROY		1.2 NAME					
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CITY-ST-ZIP	FT LAUDERDALE FL			Y-ST-ZIP			F 7 .	
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NAME			6.2 NA		-			
STREET ADDRESS				REET ADDRESS				
CITY-ST-ZIP	add, Ab ad Ab a laformadian acceptant and	this files done not excite for		Y-ST-ZIP	ction 110 07/3Vi) Florida Statutos I further codife th	at the	information	
in inereby ce	ruly that the information supplied with	uns ming does not quality for	me exemp	uon stated in Sec	ction 119.07(3)(i), Florida Statutes. I further certify the	raction	that I am	1

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.

**SIGNATURE:** 

954-351-9690

American Institute of CPA's New York State Society of CPA's Florida Institute of CPA's

July 7, 1999

Annual Reports Filings Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Re: Troy Hutsler, P.A.

Document #: P96000031962

E.I.N.: 65-0655455

To Whom It May Concern:

As the accountant for the above referenced Corporation, we do hereby request an abatement of the penalty.

Our client mailed in the "original" Annual Report form along with a check for \$150.00 on April 5, 1999.

Upon receiving the "2<sup>nd</sup> Notice" form your office our client then reviewed their bank statements and canceled checks and discovered that this check had not cleared their account.

Enclosed is the signed "2<sup>nd</sup> Notice" Annual Report and a replacement check for \$150.00.

Thank you for your attention in this matter. If you have any questions or require any additional information, please do not hesitate to contact me.

Very truly yours,

Daniel J. Weinberg

Daniel J. Weinberg

Certified Public Accountant

DJW/he

cc: Troy Hutsler