

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

FILED
Feb 24, 1999 8:00 am
Secretary of State

02-24-1999 90139 017 ***150.00

DOCUMENT # P96000037516

1. Corporation Name
RAPPEL & RAPPEL, P.A.

Principal Place of Business

OAK POINT PROFESSIONAL CENTER
5070 NORTH A1A, SUITE 221
VERO BEACH FL 32963-8824

Mailing Address

OAK POINT PROFESSIONAL CENTER
5070 NORTH A1A, SUITE 221
VERO BEACH FL 32963-8824



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/01/1996

4. FEI Number

65-0660864

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

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip

30 Country

9. Name and Address of Current Registered Agent

RAPPEL, ROBERT
2770 INDIAN RIVER BLVD.
SUITE 313-315
VERO BEACH FL 32960

10. Name and Address of New Registered Agent

81 Name

RAPPEL, ROBERT

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

OAK POINT PROFESSIONAL CENTER, SUITE 221

83

5070 HIGHWAY A1A, NORTH

84 City

VERO BEACH, FL

85 Zip Code

32963

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 agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE
NAME RAPPEL, ROBERT
STREET ADDRESS 2770 INDIAN RIVER BLVD., STE. 313-315
CITY-ST-ZIP VERO BEACH FL 32960-4230

TITLE D ☐ DELETE
NAME RAPPEL, CRAIG M
STREET ADDRESS 2770 INDIAN RIVER BLVD., STE. 313-315
CITY-ST-ZIP VERO BEACH FL 32960-4230

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME RAPPEL, ROBERT
1.3 STREET ADDRESS OAK POINT PROFESSIONAL CENTER SUITE 221
1.4 CITY-ST-ZIP 5070 HWY A1A, NORTH VERO BEACH FL 32963

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME RAPPEL, CRAIG M
2.3 STREET ADDRESS OAK POINT PROFESSIONAL CENTER SUITE 221
2.4 CITY-ST-ZIP 5070 HWY A1A, NORTH VERO BEACH FL 32963

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/15/99

561.231.7223

CR2E034 (11/98)

07/21/200