

**FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00**

**FILED**  
**Jan 20 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P96000099106 (2)**  
 1. Corporation Name  
**ROBERT J. ROSSITTO, P.A.**



Principal Place of Business <b>8503 SOUTH FEDERAL HWY. SUITE 9          PORT ST. LUCIE FL 34952</b>	Mailing Address <b>8503 SOUTH FEDERAL HWY. SUITE 9          PORT ST. LUCIE FL 34952</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		4. FEI Number		Applied For	
21	10651 S. U.S. HWY #1	26	10651 S. U.S. HWY #1	12/09/1996		65-0730389		Not Applicable	
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.	5. Certificate of Status Desired		8.75 Additional Fee Required			
23	Port St Lucie, FL	28	Port St. Lucie, FL	6. Election Campaign Financing Trust Fund Contribution		5.00 May Be Added to Fees			
24	34952	29	34952	7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.		Yes		No	
25	USA	30	USA						

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
ROSSITTO, ROBERT J 10651 S US HWY. #1 PORT ST. LUCIE FL 34952 - 641951				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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: *Robert J. Rossitto*  
 (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE:

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	P	DELETE		1.1 TITLE	Change		
NAME	ROSSITTO, ROBERT J			1.2 NAME			
STREET ADDRESS	8503 S FEDERAL HWY. #9			1.3 STREET ADDRESS	10651 S. U.S. HWY #1		
CITY-ST-ZIP	PORT ST LUCIE FL			1.4 CITY-ST-ZIP	PORT ST LUCIE, FL 34952-641951		
TITLE	ST	DELETE		2.1 TITLE	Change		
NAME	ROSSITTO, ROBERT J			2.2 NAME			
STREET ADDRESS	8503 S FEDERAL HWY. #9			2.3 STREET ADDRESS	10651 S. U.S. HWY #1		
CITY-ST-ZIP	PORT ST LUCIE FL			2.4 CITY-ST-ZIP	PORT ST LUCIE, FL 34952		
TITLE		DELETE		3.1 TITLE	Change		
NAME				3.2 NAME			
STREET ADDRESS				3.3 STREET ADDRESS			
CITY-ST-ZIP				3.4 CITY-ST-ZIP			
TITLE		DELETE		4.1 TITLE	Change		
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY-ST-ZIP				4.4 CITY-ST-ZIP			
TITLE		DELETE		5.1 TITLE	Change		
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		DELETE		6.1 TITLE	Change		
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.

SIGNATURE: *Robert J. Rossitto* 1/11/98 (11) 333 (2)

CPRE034 (10/97)