

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
 AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
Jul 15, 1999 8:00 am
Secretary of State

07-15-1999 90009 044 ***550.00

0108041

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
 Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P96000099106 ✓
 1. Corporation Name
 ROBERT J. ROSSITTO, P.A.



Principal Place of Business
 10651 S U S HWY 1
 PORT ST. LUCIE FL 34952
 US

Mailing Address
 10651 S U S HWY 1
 PORT ST. LUCIE FL 34952
 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 1177 BAYSHORE DRIVE		26 1177 BAYSHORE DRIVE		12/09/1996	
22 Ste # 201		27 Ste # 201		4. FEI Number	
23 FORT PIERCE, FL		28 FORT PIERCE, FL		65-0730389	
24 34949		25 USA		29 34949	
		30 USA		5. Certificate of Status Desired	
				<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired	
				<input type="checkbox"/> \$8.75 Additional Fee Required <input type="checkbox"/> \$5.00 May Be Added to Fees	
				6. Election Campaign Financing	
				<input type="checkbox"/> Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation owes the current year	
				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
				8. This corporation owes the current year	
				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
				10. Name and Address of New Registered Agent	

9. Name and Address of Current Registered Agent

ROSSITTO, ROBERT J
 10651 S US HWY, #1
 PORT ST. LUCIE FL 34952

81 Name ROBERT J. ROSSITTO
 82 Street Address (P.O. Box Number is Not Acceptable) 1177 BAYSHORE DRIVE
 83 SUITE # 201
 84 City FORT PIERCE FL 85 Zip Code 34949

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* DATE: 7/7/99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROSSITTO, ROBERT J	1.2 NAME	ROBERT J. ROSSITTO
STREET ADDRESS	10651 U S HWY 1	1.3 STREET ADDRESS	1177 BAYSHORE DRIVE, Ste # 201
CITY-ST-ZIP	PORT ST LUCIE FL 34952	1.4 CITY-ST-ZIP	FORT PIERCE, FL 34949
TITLE	ST	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROSSITTO, ROBERT J	2.2 NAME	ROBERT J. ROSSITTO
STREET ADDRESS	10651 S US HWY 1	2.3 STREET ADDRESS	1177 BAYSHORE DRIVE, Ste # 201
CITY-ST-ZIP	PORT ST LUCIE FL 34952	2.4 CITY-ST-ZIP	FORT PIERCE, FL 34949
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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.

SIGNATURE: *Robert J. Rossitto* DATE: 7/7/99 (561)467-5363

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (5/99)