

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

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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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
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 1177 BAYSHORE DRIVE		2a. Mailing Address 26 1177 BAYSHORE DRIVE		3. Date Incorporated or Qualified 12/09/1996	
Suite, Apt. #, etc. 22 Ste # 201		Suite, Apt. #, etc. 27 Ste # 201		4. FEI Number 65-0730389	
City & State 23 FORT PIERCE, FL		City & State 28 FORT PIERCE, FL		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 24 34949	Country 25 USA	Zip 29 34949	Country 30 USA	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent ROSSITTO, ROBERT J 10651 S US HWY, #1 PORT ST. LUCIE FL 34952				8. This corporation owes the current year Intangible Personal Property. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
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.				10. Name and Address of New Registered Agent	

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
85 Zip Code FL 34949

SIGNATURE: *Robert J. Rossitto* DATE: **7/7/99**

Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ROSSITTO, ROBERT J 10651 U S HWY 1 PORT ST LUCIE FL 34952	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	P ROBERT J. ROSSITTO 1177 BAYSHORE DRIVE, Ste # 201 FORT PIERCE, FL 34949
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST ROSSITTO, ROBERT J 10651 S US HWY 1 PORT ST LUCIE FL 34952	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	ST ROBERT J. ROSSITTO 1177 BAYSHORE DRIVE, Ste # 201 FORT PIERCE, FL 34949
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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.

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)