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PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # P97000001693

1. Corporation Name
ROBERT SHAFER & ASSOCIATES, P.A.



Principal Place of Business: 24 NORTH MARKET ST. #305 JACKSONVILLE FL 32202
 Mailing Address: 24 NORTH MARKET ST. #305 JACKSONVILLE FL 32202

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: 21 Suite, Apt. #, etc. 23 City & State 24 Zip 25 Country
 2a. Mailing Address: 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30

3. Date Incorporated or Qualified: 01/01/1997
 4. FEI Number: 59-3428113 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

9. Name and Address of Current Registered Agent
SHAFER, ROBERT ESQ.
24 NORTH MARKET ST.
#305
JACKSONVILLE FL 32202

10. Name and Address of New Registered Agent
 81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 83
 84 City **FL** 85 Zip Code

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS
 TITLE: D
 NAME: SHAFER, ROBERT
 STREET ADDRESS: 24 NORTH MARKET ST. #305
 CITY-ST-ZIP: JACKSONVILLE FL 32202

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
 1.1 TITLE: P T S
 1.2 NAME: P T S
 1.3 STREET ADDRESS: P T S
 1.4 CITY-ST-ZIP: P T S

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: _____ DATE: 2/14/99 DAYTIME PHONE # _____

CR2E034 (1/198)