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PROFIT CORPORATION ANNUÂL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000107167 1. Corporation Name

ROBERT A. DITTMAN, P.A.

FILED Jan 21, 1999 8:00am **Secretary of State** 01-21-1999 90068 037 ***150.00



| | and the same of th | | | | | 1 | | | 61111 (BB) (BB) |
|---|--|---------------------------------|--|--|---|--|---------------------------------------|-----------------|-------------------|
| Principal Plac | e of Business | Mailing Address | | | _ | | | /1 100 B1 1010 | Beite ihat inat |
| | ANTIC AVENUE | 501 EAST ATLANTIC AVE | NUE | | - | | | | |
| DELRAY BEACH FL 33483 DELRAY BEACH FL 33483 | | | | | | 50 107 1007 | - M M | D. 65 | |
| | | | | | | DO NOT WRIT | E IN THIS S | PACE | |
| | | | | | | 3. Date Incorporated or Qualifed | | | |
| | No. CD | 1 - 44 9 4 4 4 | | | | 12/22/1997 | | | |
| | Place of Business | 2a. Mailing Address | | | | 4, FEI Number | | <u> </u> | plied For |
| 21 | | 26 | | | | 65-0802244 | | | t Applicable |
| Suite, Apt. | #, etc. | Suite, Apt. #, etc. | | | | 5. Certificate of Status Desired | | \$8.75 ∧ | |
| 22 | | 27 | | | | | | Fee Re | quired |
| City & Stat | te | City & State | | | | 6. Election Campaign Financing | П | \$5.00 | Мау Ве |
| 23 | 28 | | | | | Trust Fund Contribution | | Added to | o Fees |
| Zip | Country | Zip | Cour | ntry | | 8. This corporation owes the curre | | | |
| 24 | 25 | 29 | 30 | | | Personal Property Tax. | | | □No |
| | 9. Name and Address of Curren | t Registered Agent | | | | 10. Name and Address of New R | gistered A | jent | |
| | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | | | 81 | Name | | | | |
| DITTMAN, ROBERT A | | | Ì | 82 | Street Addre | ess (P.O. Box Number is Not Acceptal | nle) | | |
| 501 EAST ATLANTIC AVENUE | | | | | Julious Modif | The second of the model of | | | |
| DELRAY BEACH FL 33483 | | | Ī | 83 | · | | 77 - 7 | | 5 Maries. |
| | | | - | | | | <u> </u> | 7. 4. 3. 3. | tut 45 (32) |
| | | | ļ | 84 | City | , , , , , , | FI | 85 Zip C | ode |
| 11 Pursuant | to the provisions of Sections 607 050 | 2 and 607 1508. Florida Statu | tes the ab | L | -named come | pration submits this statement for the p | umose of ch | L anging its | registered |
| office or r | egistered agent, or both, in the State | of Florida: Such change was a | authorized | by t | the corporation | n's board of directors. I hereby accept | the appointr | nent as rec | jistered |
| agent.,I a | m familiar with, and accept the obliga | tions of, Section 607.0505, Flo | orida Statu | ites. | | • | | | |
| SIGNATURE | | | | | | | | | |
| 42 | Signature, typed or printed name of registered agen | D DIRECTORS | | -gent | signature required | when reinstating) | DATE | DIDECTO | DC IN 40 |
| TITLE | PST OFFICERS AN | DELETE | 13. | | | ADDITIONS/CHANGES TO OFF | | Change | Addition |
| | | , the order | | | · | | · | onange | [] Addison |
| NAME | DITTMAN, ROBERT A | | 1.2 NAN | | | | | | |
| STREET ADDRESS | 501 EAST ATLANTIC AVENUE | | 1.3 STR | REET. | ADDRESS | | | | |
| CITY-ST-ZIP | DELRAY BEACH FL 33483 | | 1.4 CFT | | -ZIP | | | | |
| TITLE | | ☐ DELETE | 2.1 TITL | LE | 1 | | ĺ | Change | Addition |
| NAME | | | 2.2 NAN | uF. | | | | | ſ |
| STREET ADDRESS | | | | | | | | | l |
| CITY-ST-ZIP | | | | | ADDRESS | • | | | |
| | | and the second | | REET | | | | | |
| TITLE | And the second s | DELETE | 2.3 STR | REET. | | | [| Change | . Addition |
| | MARKARIA . | DELETE | 2.3 STR 2. 4 CIT | REET. IY-ST LE | | | | Change | . Addition |
| TITLE NAME | GRAN, KOREN, A. BROTESTAD, P. GOLD | DELETE | 2.3 STR 2. 4 CIT 3.1 TITL 3.2 NAM | REET. IY-ST LE ME | T- ZIP | | [| Change | . Addition |
| TITLE NAME STREET ADDRESS | CHARLACTERS A. BASTATERMONES EN TO CALLER SETTEMENTS | DELETE | 2.3 STR 2. 4 CIT 3.1 TITL 3.2 NAM 3.3 STR | REET. | T-ZIP ADDRESS | | | ☐ Change | Addition |
| NAME STREET ADDRESS CITY-ST-ZIP | CHARLINGERS A. BASTATERMENS CO. CALLER ST. CALLS | | 2.3 STR 2. 4 CIT 3.1 TITL 3.2 NAM 3.3 STR 3.4. CIT | REET. IY-ST LE ME REET. IY-ST | T-ZIP ADDRESS | | | ė, | Addition Addition |
| NAME STREET ADDRESS CITY-ST-ZIP TITLE | CHARLINGERS A. BASTATERMENS CO. CALLER SET CO. | DELETE | 2.3 STR 2.4 CIT 3.1 TITL 3.2 NAM 3.3 STR 3.4. CIT 4.1 TITL | REET. IY-ST LE REET. Y-ST LE | T-ZIP ADDRESS | | | ☐ Change | 14 ft. |
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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.

1-4-99 (561)276-2900 Date Dayline Phone #

CR2E034 (11/98)