


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

<b>PROFIT CORPORATION ANNUAL REPORT 1999</b>				<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # P98000026452</b>					
1. Corporation Name <b>ROBERT J. SMALL, C.P.A., P.A.</b>					
Principal Place of Business C/O JOSEPH K. SINGER, P.A. 201 NORTH UNIVERSITY DRIVE, SUITE 114 PLANTATION FL 33324			Mailing Address C/O JOSEPH K. SINGER, P.A. 201 NORTH UNIVERSITY DRIVE, SUITE 114 PLANTATION FL 33324		

FILED

99 OCT -5 AM 11:25

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <b>100 South Pine Island Rd</b>		2a. Mailing Address 22 <b>100 South Pine Island Rd</b>		3. Date Incorporated or Qualified <b>03/16/1998</b>	
Suite, Apt. #, etc. 22 <b>Suite 114</b>		Suite, Apt. #, etc. 27 <b>Suite 114</b>		4. FEI Number <b>65-0819806</b>	
City & State 23 <b>Plantation</b>		City & State 28 <b>Plantation</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
Zip 24 <b>33324</b>		Zip 29 <b>33324</b>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
Country 25 <b>USA</b>		Country 30 <b>USA</b>		8. This corporation owes the current year intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>SINGER, JOSEPH K ESO</b> <b>201 N UNIVERSITY DRIVE, SUITE 114</b> <b>PLANTATION FL 33324</b>		10. Name and Address of New Registered Agent 81 Name <b>Robert J. Small</b> 82 Street Address (P.O. Box Number is Not Acceptable) <b>100 South Pine Island Road</b> 83 <b>Suite 114</b> 84 City <b>Plantation</b> FL 85 Zip Code <b>33324</b>	
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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 duties of, Section 7.0505, Florida Statutes.

SIGNATURE **ROBERT J. SMALL** (Signature, typed or printed name of registered agent and see if applicable) (NOTE: Registered Agent signature required when reinstating) **Robert J. Small** DATE **11/6/99**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>D SMALL, ROBERT J</b>	1.2 NAME	<b>Robert J. Small</b>
STREET ADDRESS	<b>201 N UNIVERSITY DRIVE, SUITE 114</b>	1.3 STREET ADDRESS	<b>100 South Pine Island Road #114</b>
CITY-ST-ZIP	<b>PLANTATION FL 33324</b>	1.4 CITY-ST-ZIP	<b>Plantation FL 33324</b>
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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 with all other like empowered.

SIGNATURE: **Robert J. Small** 4-30-99 954-370-0905 KE  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #



**ROBERT J. SMALL, C.P.A., P.A.**

Certified Public Accountant

Tel: 954-370-0905  
Fax: 954-382-9120

100 South Pine Island Road, Suite 114  
Plantation, Florida 33324-2664

September 22, 1999

Pat Bailey  
Florida Department Of State  
Division Of Corporations  
Corporate Records  
P.O. Box 6327  
Tallahassee, Florida 32314

Subject: Robert J. Small, C.P.A., P.A.

Document #: P98000026452

Enclosed please find a cashiers check in the amount of \$150. I am requesting that you please wave the penalty for reinstatement due to circumstances beyond my control.

I was in the hospital being operated on for prostate cancer and was laid up and out of work for approximately six to eight weeks. I am a sole practitioner and did not have any income coming in during that time. Additionally, some of my mail got misplaced and did not realize that a previous letter from your office was sent to me.

I am still having a hard time trying to make up my lost income. Due to my illness I have lost a few accounts. Please accept this check for the \$150, I cannot afford the \$750 penalty fee.

Respectfully yours,

Robert J. Small, C.P.A.