

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Feb 06, 1999 8:00 am
Secretary of State

02-06-1999 90012 007 ***150.00

DOCUMENT # S64150

1. Corporation Name

ROBERT M. KODISH, P.A.



Principal Place of Business

4007 WINDTREE DRIVE
TAMPA FL 33624

Mailing Address

4007 WINDTREE DRIVE
TAMPA FL 33624

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/03/1991

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

28 Zip

24 Country

29 Country

25

30

4. FEI Number

59-3081101

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional

Fee Required

6. Election Campaign Financing

\$5.00 May Be

Trust Fund Contribution

Added to Fees

8. This corporation owes the current year Intangible

Personal Property Tax.

Yes

No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KODISH, ROBERT M.
4007 WINDTREE DRIVE
TAMPA FL 33624

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P DELETE

NAME KODISH, ROBERT M.
STREET ADDRESS 4007 WINDTREE DRIVE
CITY-ST-ZIP TAMPA FL

1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP

TITLE DELETE

NAME 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP

STREET ADDRESS 2.5 TITLE 2.6 NAME 2.7 STREET ADDRESS 2.8 CITY-ST-ZIP

TITLE DELETE

NAME 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP

STREET ADDRESS 3.5 TITLE 3.6 NAME 3.7 STREET ADDRESS 3.8 CITY-ST-ZIP

TITLE DELETE

NAME 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP

STREET ADDRESS 4.5 TITLE 4.6 NAME 4.7 STREET ADDRESS 4.8 CITY-ST-ZIP

TITLE DELETE

NAME 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP

STREET ADDRESS 5.5 TITLE 5.6 NAME 5.7 STREET ADDRESS 5.8 CITY-ST-ZIP

TITLE DELETE

NAME 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

STREET ADDRESS 6.5 TITLE 6.6 NAME 6.7 STREET ADDRESS 6.8 CITY-ST-ZIP

TITLE DELETE

NAME 7.1 TITLE 7.2 NAME 7.3 STREET ADDRESS 7.4 CITY-ST-ZIP

STREET ADDRESS 7.5 TITLE 7.6 NAME 7.7 STREET ADDRESS 7.8 CITY-ST-ZIP

TITLE DELETE

NAME 8.1 TITLE 8.2 NAME 8.3 STREET ADDRESS 8.4 CITY-ST-ZIP

STREET ADDRESS 8.5 TITLE 8.6 NAME 8.7 STREET ADDRESS 8.8 CITY-ST-ZIP

TITLE DELETE

NAME 9.1 TITLE 9.2 NAME 9.3 STREET ADDRESS 9.4 CITY-ST-ZIP

STREET ADDRESS 9.5 TITLE 9.6 NAME 9.7 STREET ADDRESS 9.8 CITY-ST-ZIP

TITLE DELETE

NAME 10.1 TITLE 10.2 NAME 10.3 STREET ADDRESS 10.4 CITY-ST-ZIP

STREET ADDRESS 10.5 TITLE 10.6 NAME 10.7 STREET ADDRESS 10.8 CITY-ST-ZIP

TITLE DELETE

NAME 11.1 TITLE 11.2 NAME 11.3 STREET ADDRESS 11.4 CITY-ST-ZIP

STREET ADDRESS 11.5 TITLE 11.6 NAME 11.7 STREET ADDRESS 11.8 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 empowerments.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-13-99

813 9635460

CR2E034 (1/98)