

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

FILED
May 08 1998 8:00 am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998	 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # Unknown
1. Corporation Name:

Robert L. Moore + Associates, P.A.

V03999

Principal Place of Business:
Current information on file with Florida Department of State is unknown/incorrect. See corrected information below.

Mailing Address:

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: 21 1500 Northwest 49th Street Suite Apt. #, etc. 22 Suite #524 City & State 23 Fort Lauderdale, FL Zip 24 33309 Country 25 US	2a. Mailing Address: 26 c/o Gruber and Associates, P.A. Suite, Apt. #, etc. 27 1650 Southeast 17th Street, #301 City & State 28 Fort Lauderdale, FL Zip 29 33316-1735 Country 30 US
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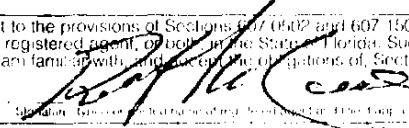
3. Date Incorporated or Qualified 1/2/92	4. FEI Number 65-0315243	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No		

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

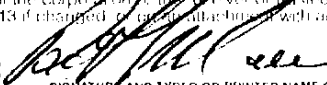
81 Name Robert L. Moore
82 Street Address (P.O. Box Number is Not Acceptable) c/o Gruber and Associates, P.A.
83 1650 Southeast 17th Street Suite #301
84 City Fort Lauderdale
85 FL
Zip Code 33316-1735

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:  Robert L. Moore 4/28/98

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	☐ DELETE	11 TITLE	☒ Change ☐ Addition
NAME		12 NAME	VP/ST
STREET ADDRESS		13 STREET ADDRESS	Robert L. Moore
CITY-ST-ZIP		14 CITY-ST-ZIP	2314 Country Club Drive West Boca Raton, FL 33428-6880
TITLE	☐ DELETE	21 TITLE	☐ Change ☐ Addition
NAME		22 NAME	
STREET ADDRESS		23 STREET ADDRESS	
CITY-ST-ZIP		24 CITY-ST-ZIP	
TITLE	☐ DELETE	31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE	☐ DELETE	41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE	☐ DELETE	51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE	☐ DELETE	61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I hereby certify that the information reported with this filing does not qualify for the exemption stated in Section 119.07(3)(b) Florida Statutes. I further certify that the information indicated on this annual report or on the corporation's 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; that I am duly authorized 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 in the attachments with an address.

SIGNATURE:  Robert L. Moore 4/28/98 954-822-2222

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/97)