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

PROFIT CORPORATION ANNUAL REPORT 1998

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 08 1998 8:00 am
Secretary of State

DOCUMENT # Unknown V03999

1. Corporation Name: Robert L. Moore + Associates, P.A.

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

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 1500 Northwest 49th Street	26 c/o Gruber and Associates, P.A.
22 Suite, Apt. #, etc. Suite #524	27 Suite, Apt. #, etc. 1650 Southeast 17th Street #301
23 City & State Fort Lauderdale FL	28 City & State Fort Lauderdale FL
24 Zip 33309 / 25 Country US	29 Zip 33316-1735 / 30 Country US

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 FL 85 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 [signature] Robert L. Moore 4/28/98
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	VP/S/T	☒ Change ☐ Addition
1.2 NAME	Robert L. Moore	
1.3 STREET ADDRESS	23314 Country Club Drive West	
1.4 CITY-ST-ZIP	Boca Raton, FL 33428-6880	
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		JCS/11
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME	200002523402	
6.3 STREET ADDRESS	-05/14/98--01019--000	
6.4 CITY-ST-ZIP	***150.00 042	

CR2E034 (10/97)

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.

SIGNATURE: [signature] Robert L. Moore 4/28/98 954-522-2282
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #