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Mar 10, 1999 8:00 am
Secretary of State

03-10-1999 90181 029 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # V03999

1. Corporation Name

ROBERT L. MOORE & ASSOCIATES, P.A.

Principal Place of Business

1500 NORTHWEST 49TH STREET
SUITE 524
FORT LAUDERDALE FL 33309

Mailing Address

O/O GRUBER AND ASSOCIATES, P.A.
1650 SE 17TH STREET, SUITE 301
FORT LAUDERDALE FL 33316-1735
US SOUTHEAST

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/31/1991

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 the current year Intangible
Personal Property Tax.

☒ Yes

☐ No

2. Principal Place of Business

21 STREET, SUITE 524

2a. Mailing Address

26 C/O GRUBER AND ASSOCIATES, P.A.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

23 FORT

27 1650 SOUTHEAST 17TH STREET, SUITE 301

28 FORT

24 Zip

25 US

29 Zip

30 Country

9. Name and Address of Current Registered Agent

MOORE, ROBERT L.

1650 SE 17TH ST SUITE 301

FT. LAUDERDALE FL 33316

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

1500 NORTHWEST 49TH STREET, SUITE 524

84 City

FORT LAUDERDALE

85 Zip Code

FL 33309

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

TITLE DPTS. P/D/T/S ☐ DELETE

NAME MOORE, ROBERT L.

STREET ADDRESS 23314 COUNTRY CLUB DRIVE

CITY-ST-ZIP BOCA RATON FL 33428-5880

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

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 D/P/T/S ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

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

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-15-99

954-522-2222

Date

Daytime Phone #

CR2E034 (1/1/98)