

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
Apr 12, 1999 8:00 am
Secretary of State

04-12-1999 90025 039 ***150.00

DOCUMENT # V12800

1. Corporation Name

ROBERT A. STOK, P.A.

Principal Place of Business

2875 NE 191 ST
SUITE 500
AVENTURA FL 33180
US

Mailing Address

2875 NE 191 ST
SUITE 500
AVENTURA FL 33180
US

2. Principal Place of Business

21 2875 N.E. 191 St

Suite, Apt. #, etc.

22 Suite 304

City & State

23 Aventura, FL

Zip

24 33180

Country

25 USA

2a. Mailing Address

26 2875 N.E. 191 St.

Suite, Apt. #, etc.

27 Suite 304

City & State

28 Aventura, FL

Zip

29 33180

Country

30 USA

9. Name and Address of Current Registered Agent

STOK, ROBERT A
2875 NE 191 ST
SUITE 500
AVENTUR FL 33180

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/10/1992

4. FEI Number

65-0311257

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

10. Name and Address of New Registered Agent

81 Name

Stok, Robert A

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

2875 N.E. 191 Street

83 Suite 304

84 City

Aventura

FL

85 Zip Code

33180

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 P ☐ DELETE

NAME STOK, ROBERT A

STREET ADDRESS 2875 NE 191 ST, STE 500

CITY-ST-ZIP AVENTURA FL

TITLE Secretary/Treasurer ☐ DELETE

NAME STOK, SOPHIA P.

STREET ADDRESS 2875 N.E. 191 St., Suite 304

CITY-ST-ZIP Aventura, FL

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 P ☒ Change ☐ Addition

1.2 NAME STOK, ROBERT A

1.3 STREET ADDRESS 2875 NE 191 Street, Suite 304

1.4 CITY-ST-ZIP Aventura, FL

2.1 TITLE Secretary/Treasurer ☐ Change ☒ Addition

2.2 NAME STOK, SOPHIA P.

2.3 STREET ADDRESS 2875 N.E. 191 St., Suite 304

2.4 CITY-ST-ZIP Aventura, FL

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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/1/99 (205) 935-4440

CR2E034 (11/98)

0259248