

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

FILED  
May 04 1998 8:00am  
Secretary of State

DOCUMENT # **V16166** (3)  
1. Corporation Name  
**THE LAW OFFICE OF ROBERT A. EISEN, A PROFESSIONAL ASSOCIATION**

Principal Place of Business  
**299 Camino Gardens Blvd.  
Suite 204  
Boca Raton FL 33432**

Mailing Address  
**299 Camino Gardens Blvd.  
Suite 204  
Boca Raton FL 33432**

3. Date Incorporated or Qualified  
**02/24/1992**

3a. Date of Last Report  
**04/28/97**

4. FEI Number  
**65-0317691**

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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business  
21 Suite, Apt. #, etc.  
22 City & State  
23 Zip  
24 Country

2a. Mailing Address  
25 Suite, Apt. #, etc.  
27 City & State  
28 Zip  
29 Country

9. Name and Address of Current Registered Agent

**EISEN, ROBERT A  
433 PLAZA REAL  
MIZNER PARK, SUITE 275  
BOCA RATON FL 33432**

10. Name and Address of New Registered Agent

81 Name  
**Robert A. Eisen**

82 Street Address (P.O. Box Number is Not Acceptable)  
**299 Camino Gardens Blvd.**

83  
**Suite 204**

84 City  
**Boca Raton**

85 Zip Code  
**FL 33432**

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 hereby accepting and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE  DATE **April 29, 1998**

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	<b>D</b> <input type="checkbox"/> DELETE	1.1 TITLE	<b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>EISEN, ROBERT A</b>	1.2 NAME	<b>Robert A. Eisen</b>
STREET ADDRESS	<b>433 PLAZA REAL</b>	1.3 STREET ADDRESS	<b>299 Camino Gardens Blvd., Suite 204</b>
CITY-ST-ZIP	<b>BOCA RATON FL</b>	1.4 CITY-ST-ZIP	<b>Boca Raton FL 33432</b>
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<b>600002510678</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	<b>-05/05/98--01044--003</b>
STREET ADDRESS		5.3 STREET ADDRESS	<b>***150.00</b>
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/28/97

(561) 362-5200

Date

Daytime Phone #