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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # V64704 1. Corporation Name

ROBERT T. GOODMAN, P.A.

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Principal Place	e of Business	Mailing Addres	s			, , , , , , , , , , , , , , , , , , , ,				
633 SE 3RD AV	IF	633 SE 3RD AVI	Ε.							
SUITE 4-R		SUITE 4-R				TO MOTING (TO IN THIS COACE				
FT. LAUDERDALE FL 33301 FT. LAUDERDALE FL 33301			E FL 33301			DO NOT WRITE IN THIS SPACE				
		•				3. Date Incorporated or Qualit	red			
						09/17/1992				
2. Principal P	lace of Business	2a. Mailing Add	iress			4. FEI Number		App	lied For	2
24	•	26				65-0356219		Not	Applicable	00/6/2
Suite, Apt.	#. etc.	Suite, Apt.	#, etc.			5. Certificate of Status Desired	, 🗆 💲		dditional,	
.al	,	27				5. Certificate of Status Desired		Fee Rec	uired	
City & Stat	'A	City & State	e			6. Election Campaign Financi	ng 🗆 🧏	\$5.00 N	May Be	
23	-	28				Trust Fund Contribution		Added to	Fees	
Zip .	Country	Zip	Co	ountry		8. This corporation owes the	current year Intangi	ble	1	
<u>َ</u> الم	25	29	30			Personal Property Tax.			□No	
24	9. Name and Address of Curi					10. Name and Address of Ne	w Registered Age	nt		
	3. 14ame und 14ame of 5			81	Name					
GOO	DOMAN, ROBERT T.	•								
	SE 3RD AVE					Street Address (P.O. Box Number is Not Acceptable)				
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	LAUDERDALE FL 33301						们为国际数据		1439H (88)	
	EADDERDALE I E 33301			84	City		C l 8	5 Zip C	ode 77	ı
		and and					<u> FL</u>			ı
	to the provisions of Sections 607.0 registered agent, or both, in the Starm familiar with, and accept the obl					on's board of directors. I hereby a	ccept the appointme	ent as reg	jistered	
										1
SIGNATURE							DATE			_ ا
SIGNATURE	Signature, typed or printed name of registered		<u>`-</u> -		t signature require	od when reinstating)	DATE OFFICERS AND D	UDECTO	DS IN 12	(80
SIGNATURE	Signature, typed or printed name of registered OFFICERS	AND DIRECTORS	13	3.	t signature require	ADDITIONS/CHANGES TO	OFFICERS AND D			(1/98)
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6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

FILED

Feb 06, 1999 8:00am

Secretary of State

02-06-1999 90028 012 ***150.00

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.