## 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

**DOCUMENT** # F21029

(6)

GARY ROBINSON INC.

**FILED** Jan 16 1998 8:00am Secretary of State



Suite Apt #, etc.  27 27 28 29 29 20 City & State 29 20 City & State 20 20 City & State 20 20 20 20 20 20 20 20 20 20 20 20 20	Principal Plac	e of Business	Mailing Address			E LABELLAN TELM TENNET UNDET NOUT NEUTRON TRACE CONT.	E DISHI DISHI DIBHI DISHI D	IBIH BIBII (BB)
2. Principal Place of Business 2. 2a. Mailing Address 3. Date Incorporated or Qualified 40/2/24/1981 22. Principal Place of Business 2. 2a. Mailing Address 3. 4. FE Busines 40/2/24/1981 23. Suite Apr # etc. 2. Suite Apr # etc. 3. Suite Apr # etc. 4. FE Busines 5. Suite Apr # etc. 6. Election Campaign Financing 35.00 May 8 state 6. Election Campaign Financing 35.00 May 1 may 7 may 6	399 N. CYPRESS DRIVE 399 N. CYPR			SS DRIVE				
S. Date Interpolated requests   S. Date   Secretary   S. Date   S. Date   Secretary   S. Date   S. Date   Secretary   S. Date   Secretary   S. Date   S. Date   S. Date   Secretary			TEOUESTA FL 33469			DO NOT MODITE IN THIS COLOR		
2. Principal Face of Business   2a. Mailing Address   4. FET Names   Applied Fig.   Applied Fig.							IN INIS SPACE	
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Suite April wide:   Suit	2. Principal P	lace of Business	2a. Mailing Address					Applied For
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City & State    City & State	Suite, Apt. #, etc. Suite, Apt. #, etc.						60.75	
28   20   20   20   30   20   30   30   30		<del></del>			6. Certificate of Status Desired	Fee F	Required	
29   Country   Zip   Country   Zip   Country   Zip   Country   St. This corporation oversor has paid the current year internal place   Personal Property Tax due June 30   Zip   No.   N	<u> </u>		City & State	h		6. Election Campaign Financing	_ <b></b>	
9. Name and Address of Current Registered Agent  10. Name and Address of New Registered Agent  11. Name and Address of New Registered Agent  12. Pursuant to the provisions of Sections 607 0.500 and 667 0.500. Florida Statutes, the above named corporation submits this statement for the purpose of changing its regist agent. I arm ternitier with, and accept the obligations of, Section 607 0.500, Florida Statutes, the above named corporation submits this statement for the purpose of changing its regist agent. I arm ternitier with, and accept the obligations of, Section 607 0.500, Florida Statutes, the above named corporation submits this statement for the purpose of changing its regist agent. I arm ternitier with, and accept the obligations of, Section 607 0.500, Florida Statutes.  11. Pursuant to the provisions of Sections 607 0.500 and 667 0.500, Florida Statutes, the above named corporation submits this statement for the purpose of changing its regist agent. I arm ternitier with, and accept the obligations of, Section 607 0.500, Florida Statutes.  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. In III.  14. PSD						<del></del>		
LINDSFY, HUBERT R   1685 PALM BEACH LAKES BLVD #501   82   Street Address (F.O. Box Number is Not Acceptable)   82   Street Address (F.O. Box Number is Not Acceptable)   83   Street Address (F.O. Box Number is Not Acceptable)   84   City	·			У				
LINDSEY, HUBERT R 1665 PALM BEACH LAKES BLVD #501 WEST PALM BEACH LAKES BLVD #501  182 Street Address (P.O. Box Number is Not Acceptable)  84 City FL 85 Zip Code  85 Address (P.O. Box Number is Not Acceptable)  86 Address (P.O. Box Number is Not Acceptable)  87 Address (P.O. Box Number is Not Acceptable)  88 Address (P.O. Box Number is Not Acceptable)  89 Zip Code  101. Pursuant to the provisions of Socions 607.0502 and 607.1508, Florids Statutes, the amort corporation submits this statement for the purpose of changing its regist of special register of agent. I am familiar with, and accept the obligations of Section 607.0505, Florids Statutes, the amort corporation's board of directors. I herothy accept the appointment as registed agent. I am familiar with, and accept the obligations of Section 607.0505, Florids Statutes.  81 Add Style Add Styl	24			30				LJ No
Linux   Linu	1 141		Tolk Hogistorou Agent	81	Name	10. Name and Address of New Reg	haresen whent	
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B3				82	Street Add	dress (P.O. Box Number is Not Acceptable	e)	
11. Pursuant to the provisions of Socions 607 0502 and 607 1508, Florida Statutes, the above named corporation aubmits this statument for the purpose of changing its regist agent. I am familiar with, and accept the obligations of, Section 607 0505, Florida Statutes  SIGNATURE	WE	ST PALM BEACH FL		RS	1			
11. Pursuant to the provisions of Socilous 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its regist 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 registe agent, and accept the obligitations of Section 607.0505, Florida Statutes.    Signature				"	1			
11. Pursuant to the provisions of Socions 607,0502 and 607,1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its regist 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 registe agent. I am familiar with, and accept the obligations of Section 607,0505, Florida Statutes.  SIGNATURE				84	City		85 Zip	Code
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SIGNATURE	Office of re	egistered agent, of boin, in the St	ate of Fiorida. Such change was	authorized b	iv the cornora	rporation sobmits this statement for the pu ation's board of directors. I hereby accept	irpose or changing I the appointment a	its registered is registered
Signature-lyned or printed frame or ingresorate agenin and site of applicables   INOTE Required Agent signature required when retreataire   DATE	•		digations of, Section 607,0505, F	-lorida Statute	<b>!</b> \$.			•
13.   ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12   TITLE	SIGNATURE .	Stonature, typed or gented name of registered	agent and title if applicable (NC	11F : Bogieterod Ar	ient signal, ro roor	wind when rejectables	DATE	
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PIN CT FID. 1								
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 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 supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(ii), Florida Statutes. I further certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(ii), Florida Statutes.	14. Lhereby ce	ertify that the information supplied	with this filing close not qualify	6.4 CITY-5	IT-ZIP	Section 119 07/9/() Florido Ciatado - 11	where posts the exist	n Indones : Vi
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officer or director of the corporation of the receiver or husten 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, given attachmoni with an address.	Block 12 o	r Block 13 if changed, growth at	eceiver or hustee empowered to tlachmoni with an address.	execute this	report as req	juired by Chapter 607, Florida Statutes; ar	nd that my name ap	pears in