

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **G84962 (1)**
1. Corporation Name
ROBBIE STADIUM CORPORATION



Principal Place of Business: 2269 NW 199TH STREET MIAMI FL 33056
Mailing Address: 2269 NW 199TH STREET MIAMI FL 33056

3. Date Incorporated or Qualified: 02/15/1984
3a. Date of Last Report: 05/01/1995
4. FEI Number: 59-2450432 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 (21-24) and 2a. Mailing Address (25-30) fields with sub-headers for Suite, Apt. #, etc., City & State, Zip, and Country.

9. Name and Address of Current Registered Agent: AMERICAN INFORMATION SERVICES, INC. 801 BRICKELL AVENUE 24TH FLOOR MIAMI FL 33131
10. Name and Address of New Registered Agent: AMERICAN INFORMATION SERVICES, INC. One S.E. Third Avenue 27th Floor Miami FL 33131

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] (NOTE: Registered Agent signature required when reinstating) DATE: [Date]

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P ANDERSEN, RICHARD L. <input checked="" type="checkbox"/> DELETE	1.1 TITLE	P Robert L. Kramm <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	2269 NW 199TH STREET	1.2 NAME	2269 NW 199th St.
STREET ADDRESS	MIAMI FL	1.3 STREET ADDRESS	Miami, FL 33056
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	DVPS ROCHON, RICHARD L. <input type="checkbox"/> DELETE	2.1 TITLE	Richard C. Rochon <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	2269 NW 199TH STREET	2.2 NAME	
STREET ADDRESS	MIAMI FL	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	BARR, ADRIAN <input checked="" type="checkbox"/> DELETE	3.1 TITLE	T/AS Jonathan D. Mariner <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	2269 NW 199TH STREET	3.2 NAME	2269 NW 199th St.
STREET ADDRESS	MIAMI FL	3.3 STREET ADDRESS	Miami, FL 33056
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	
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	500001812365 <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	-05/08/96--01006--001
STREET ADDRESS		5.3 STREET ADDRESS	***800.00
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	
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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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] RICHARD C. ROCHON 4/26/96 954-627-5007
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone

CR2E034 (12/95)