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# Feb 24 1997 8:00am
# Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1997**

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

DOCUMENT # **N96000000646 (7)**

1. Corporation Name

**THE ROBBIN'S FUND, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| 4906 SW 61ST AVENUE<br>DAVIE FL 33314 | 4906 SW 61ST AVENUE<br>DAVIE FL 33314-4412 |

3. Date Incorporated or Qualified: 02/02/1996 | 3a. Date of Last Report:

2. Principal Place of Business
21 890 South Dixie Highway
22 Suite, Apt. #, etc.
23 City & State: Coral Gables FL
24 Zip: 33146 | 25 Country: USA

2a. Mailing Address
26 890 South Dixie Highway
27 Suite, Apt #, etc.
28 City & State: Coral Gables FL
29 Zip: 33146 | 30 Country: USA

4. FEI Number: 65-0651579 ☐ 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

**9. Name and Address of Current Registered Agent**

MENCONI, ROBERT L
4906 SW 61ST AVENUE
DAVIE FL 33314

**10. Name and Address of New Registered Agent**

81 Name: ROY GONAS
82 Street Address (P.O. Box Number is Not Acceptable): 890 SOUTH DIXIE HIGHWAY
83
84 City: CORAL GABLES **FL** 85 Zip Code: 33146

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: [signature] ROY GONAS 1/25/97
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 | PD | ☒ DELETE | 1.1 TITLE | PD | ☒ Change ☒ Addition |
| NAME | MENCONI, ROBERT | | 1.2 NAME | CARLEEN SPANO | |
| STREET ADDRESS | 4906 SW 61ST AVENUE | | 1.3 STREET ADDRESS | 8332 MEDLEY | |
| CITY-ST-ZIP | DAVIE FL 33314 | | 1.4 CITY-ST-ZIP | MIAMI LAKES FL 33014 | |
| TITLE | SD | ☒ DELETE | 2.1 TITLE | SD | ☐ Change ☒ Addition |
| NAME | MILLS, JEROLD A | | 2.2 NAME | ROY GONAS | |
| STREET ADDRESS | 4471 NE 25TH AVENUE | | 2.3 STREET ADDRESS | 890 SOUTH DIXIE HIGHWAY | |
| CITY-ST-ZIP | LIGHTHOUSE PT FL 33064 | | 2.4 CITY-ST-ZIP | CORAL GABLES, FL 33146 | |
| TITLE | TD | ☒ DELETE | 3.1 TITLE | TD | ☐ Change ☒ Addition |
| NAME | KINKER, LEONARD | | 3.2 NAME | PAUL LEDDER | |
| STREET ADDRESS | 4701 NE 26TH AVENUE | | 3.3 STREET ADDRESS | 5979 NW 151 ST STE 110 | |
| CITY-ST-ZIP | FORT LAUDERDALE FL 33308 | | 3.4 CITY-ST-ZIP | MIAMI LAKES, FL 33014 | |
| TITLE | | ☐ DELETE | 4.1 TITLE | | ☐ Change ☐ Addition |
| NAME | | | 4.2 NAME | | |
| STREET ADDRESS | | | 4.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 4.4 CITY-ST-ZIP | | |
| TITLE | | ☐ DELETE | 5.1 TITLE | | ☐ Change ☐ Addition |
| NAME | | | 5.2 NAME | | |
| STREET ADDRESS | | | 5.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 5.4 CITY-ST-ZIP | | |
| TITLE | | ☐ DELETE | 6.1 TITLE | | ☐ Change ☐ Addition |
| NAME | | | 6.2 NAME | | |
| STREET ADDRESS | | | 6.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 6.4 CITY-ST-ZIP | Bank Dep't $61.25 VB224 | |

CR2E037 (9/96)

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or on an attachment with an address.

**SIGNATURE:** [signature] PAUL LEDDER 1/25/97 305-558-1640
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0036256