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Mar 12 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1998**

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
890 S DIXIE HWY CORAL GABLES FL 33146 US	890 S DIXIE HWY CORAL GABLES FL 33146 US

3. Date Incorporated or Qualified: 02/02/1996

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

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

GONAS, ROY
890 S DIXIE HWY
CORAL GABLES FL 33146

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City **FL** 85 Zip Code

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE	P/D	☒ Change ☐ Addition
NAME	SPANO, CARLEEN		1.2 NAME	Timothy J. DESMOND	
STREET ADDRESS	8332 NE TENTH		1.3 STREET ADDRESS	16900 SW 87TH AVE.	
CITY-ST-ZIP	MIAMI LAKES FL 33014		1.4 CITY-ST-ZIP	MIAMI/DADE, FL 33157	
TITLE	SD	☒ DELETE	2.1 TITLE	S/D	☒ Change ☐ Addition
NAME	GONAS, ROY		2.2 NAME	DONALD WARD	
STREET ADDRESS	890 S DIXIE HWY		2.3 STREET ADDRESS	P.O. BOX F42541	
CITY-ST-ZIP	CORAL GABLES FL 33146		2.4 CITY-ST-ZIP	FREEPORT, GBI, The BAHAMAS	N/A
TITLE	TD	☒ DELETE	3.1 TITLE	T/D	☒ Change ☐ Addition
NAME	LEADER, PAUL		3.2 NAME	JAMES DOLAN	
STREET ADDRESS	5979 NW 151 ST STE 110		3.3 STREET ADDRESS	6260 WEST ATLANTIC BLVD	
CITY-ST-ZIP	MIAMI LAKES FL 33014		3.4 CITY-ST-ZIP	MARGATE, FL 33063	
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		

CR2E037 (10/97)

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

SIGNATURE: Timothy J. Desmond P/D Jan 31, 1998
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #