

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 # **P94000050787 (8)**

1. Corporation Name
FENROB INC.



Principal Place of Business

**4998 N.W. 39TH STREET
LAUDERDALE LAKES FL 33319**

Mailing Address

**4998 N.W. 39TH STREET
LAUDERDALE LAKES FL 33319**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 07/05/1994		3a. Date of Last Report 05/01/1995	
21	4139 N. STATE RD 7	26		4. FEI Number 65-0505820		Applied For Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required			
22		27		6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees			
City & State		City & State		8. This corporation has liability for intangible tax under s 199.032, Florida Statutes ☐ Yes ☐ No			
23	LAUDERDALE LAKES FL	28					
24	Zip 33319	25	Country USA	29	Zip	30	Country

9. Name and Address of Current Registered Agent

**ROBINSON, COLIN
4998 N.W. 39TH STREET
LAUDERDALE LAKES FL 33319**

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 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, 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	1.1 TITLE	
NAME	ROBINSON, COLIN	1.2 NAME	
STREET ADDRESS	4998 N.W. 39TH STREET	1.3 STREET ADDRESS	
CITY-ST-ZIP	LAUDERDALE LAKES FL 33319	1.4 CITY-ST-ZIP	
TITLE	VTD	2.1 TITLE	
NAME	ROBINSON, JENNIFER	2.2 NAME	
STREET ADDRESS	4998 N.W. 39TH STREET	2.3 STREET ADDRESS	
CITY-ST-ZIP	LAUDERDALE LAKES FL 33319	2.4 CITY-ST-ZIP	
TITLE	SD	3.1 TITLE	
NAME	WYNDELL, FENTON	3.2 NAME	
STREET ADDRESS	4998 N.W. 39TH STREET	3.3 STREET ADDRESS	
CITY-ST-ZIP	LAUDERDALE LAKES FL 33319	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		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]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/15/96
Date

Daytime Phone #

CR2E034 (12/95)