

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
May 16 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # P95000042245 (7)

1. Corporation Name
ROBELLO ENTERPRISES, INC.



| | |
|--|---|
| Principal Place of Business 210 N. UNIVERSITY DR #502 CORAL SPRINGS FL 33071 | Mailing Address 210 N. UNIVERSITY DR #502 CORAL SPRINGS FL 33071-7392 |
|--|---|

| | |
|--|--|
| 3. Date Incorporated or Qualified 05/31/1995 | 3a. Date of Last Report 06/14/1996 |
| 4. FEI Number 65-0583327 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |

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

9. Name and Address of Current Registered Agent

**ROBELLO, RUSS J
 210 N. UNIVERSITY DR
 #502
 CORAL SPRINGS FL 33071**

10. Name and Address of New Registered Agent

| |
|---|
| 81. Name Russ J. Robello |
| 82. Street Address (P.O. Box Number is Not Acceptable) 11324 Wiles Road (New change of address) |
| 83. |
| 84. City Coral Springs |
| 85. Zip Code FL 33076 |

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 *Russ J. Robello Pres.* **Russ J. Robello, Pres.** **4-28-97**
(NOTE: Registered Agent signature required when retaining) DATE

| 12. OFFICERS AND DIRECTORS | | DELETE |
|----------------------------|-------------------------------|--------------------------|
| TITLE | P | <input type="checkbox"/> |
| NAME | ROBELLO, RUSS J | |
| STREET ADDRESS | 10481 NW 9TH PLACE | |
| CITY-ST-ZIP | CORAL SPRINGS FL 33071 | |
| TITLE | VPS | <input type="checkbox"/> |
| NAME | ROBELLO, DEBORAH A | |
| STREET ADDRESS | 10481 NW 9TH PLACE | |
| CITY-ST-ZIP | CORAL SPRINGS FL 33071 | |
| TITLE | D | <input type="checkbox"/> |
| NAME | ROBELLO, ALLECK P | |
| STREET ADDRESS | 10481 NW 9TH PLACE | |
| CITY-ST-ZIP | CORAL SPRINGS FL 33071 | |
| TITLE | | <input type="checkbox"/> |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | Change | Addition |
|---|--|--------------------------|--------------------------|
| 1.1 TITLE | | <input type="checkbox"/> | <input type="checkbox"/> |
| 1.2 NAME | | | |
| 1.3 STREET ADDRESS | | | |
| 1.4 CITY-ST-ZIP | | | |
| 2.1 TITLE | | <input type="checkbox"/> | <input type="checkbox"/> |
| 2.2 NAME | | | |
| 2.3 STREET ADDRESS | | | |
| 2.4 CITY-ST-ZIP | | | |
| 3.1 TITLE | | <input type="checkbox"/> | <input type="checkbox"/> |
| 3.2 NAME | | | |
| 3.3 STREET ADDRESS | | | |
| 3.4 CITY-ST-ZIP | | | |
| 4.1 TITLE | | <input type="checkbox"/> | <input type="checkbox"/> |
| 4.2 NAME | | | |
| 4.3 STREET ADDRESS | | | |
| 4.4 CITY-ST-ZIP | | | |
| 5.1 TITLE | | <input type="checkbox"/> | <input type="checkbox"/> |
| 5.2 NAME | | | |
| 5.3 STREET ADDRESS | | | |
| 5.4 CITY-ST-ZIP | | | |
| 6.1 TITLE | | <input type="checkbox"/> | <input type="checkbox"/> |
| 6.2 NAME | | | |
| 6.3 STREET ADDRESS | | | |
| 6.4 CITY-ST-ZIP | | | |

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

SIGNATURE: *X Russ J. Robello* **Russ J. Robello Pres** **4-28-97 (954) 344-17076**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)