


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

FILED

Apr 14 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 # P95000044907 (0)					
1. Corporation Name C.L. ROBERTSON & ASSOCIATES C.P.P., INC.					
Principal Place of Business 2105 COOL SPRINGS RD. #M-4 TAMPA FL 33604			Mailing Address 2105 COOL SPRINGS RD. #M-4 TAMPA FL 33604-2614		
2. Principal Place of Business C.L. Robertson & Associates 4747 W Waters Ave. #2604 Tampa, FL 33614					
3. Date Incorporated or Qualified 06/02/1995 3a. Date of Last Report 05/01/1996					
FEI Number 59-3303805 Applied For <input type="checkbox"/> Not Applicable					
Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required					
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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No					
9. Name and Address of Current Registered Agent ROBERTSON, CHERYL 2105 COOL SPRINGS RD. #M-4 TAMPA FL 33604					
10. Name and Address of New Registered Agent C.L. Robertson & Associates 4747 W Waters Ave. #2604 Tampa, FL 33614					
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
12. OFFICERS AND DIRECTORS					
1.1 TITLE <input type="checkbox"/> DELETE					
1.2 NAME ROBERTSON, CHERYL					
1.3 STREET ADDRESS 2105 COOL SPRINGS RD. , #M-4					
1.4 CITY-ST-ZIP TAMPA FL 33604					
2.1 TITLE <input type="checkbox"/> DELETE					
2.2 NAME					
2.3 STREET ADDRESS					
2.4 CITY-ST-ZIP					
3.1 TITLE <input type="checkbox"/> DELETE					
3.2 NAME					
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4.4 CITY-ST-ZIP					
5.1 TITLE <input type="checkbox"/> DELETE					
5.2 NAME					
5.3 STREET ADDRESS					
5.4 CITY-ST-ZIP					
6.1 TITLE <input type="checkbox"/> DELETE					
6.2 NAME					
6.3 STREET ADDRESS					
6.4 CITY-ST-ZIP					
13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition					
1.2 NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition					
1.3 STREET ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Addition					
1.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition					
2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition					
2.2 NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition					
2.3 STREET ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Addition					
2.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition					
3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition					
3.2 NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition					
3.3 STREET ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Addition					
3.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition					
4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition					
4.2 NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition					
4.3 STREET ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Addition					
4.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition					
5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition					
5.2 NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition					
5.3 STREET ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Addition					
5.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition					
6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition					
6.2 NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition					
6.3 STREET ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Addition					
6.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition					
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: <u>C.L. Robertson</u> RECEIVED <u>4/14/97</u> <u>813-390-0128</u>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					



CR2E034 (9/96)