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

Mailing Address

**PROFIT** CORPORATION ANNUAL REPORT

1998

Principal Place of Business

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

NAME

TITLE

NAME

TITLE NAME



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P96000036988 (9) DOCUMENT #

A. JEFFRY ROBINSON, P.A.

21 26 65-0660130 No. Suite, Apt. #, etc.  Suite, Apt. #, etc.  City & State  City & State  City & State  Zip  Country  Zip  Zip  Country  Zip  Country  Zip  Country  Zip  Country  Zip  Country  Zip  Zip  Country  Zip  Country  Zip  Country  Zip  Zip  Zip  Name and Address of Current Registered Agent  ROBINSON, A. JEFFRY  Zip  Name  Zip  Name  Zip  Name and Address of New Registered Agent  Name	Applied For Not Applicable Additional Required May Be d to Fees Intangible No
Suite, Apt. #, etc.  Suite, Apt. #, etc.  City & State  City & State  City & State  28  Country  Zip  Country  Zip  Country  Added  Address of Current Registered Agent  ROBINSON, A. JEFFRY  Suite, Apt. #, etc.  Suite, Apt. #, etc.  Suite, Apt. #, etc.  Suite, Apt. #, etc.  5. Certificate of Status Desired    \$8.75  Fee F  City & State  City & State  Trust Fund Contribution    Added  Address of New Registered Agent  10. Name and Address of New Registered Agent  ROBINSON, A. JEFFRY	Additional Required  May Be d to Fees
Suite, Apt. #, etc.  Suite, Apt. #, etc.  City & State  City & State  City & State  28  Country  Zip  Country  Zip  Country  Added  Address of Current Registered Agent  ROBINSON, A. JEFFRY  Suite, Apt. #, etc.  Suite, Apt. #, etc.  Suite, Apt. #, etc.  Suite, Apt. #, etc.  5. Certificate of Status Desired    \$8.75  Fee F  City & State  City & State  Trust Fund Contribution    Added  Address of New Registered Agent  10. Name and Address of New Registered Agent  ROBINSON, A. JEFFRY	Additional Required  May Be d to Fees
City & State  28  City & State  28  City & State  28  City & State  28  Country  Country  29  Country  29  Country  29  Country  30  Country  8. This corporation owes or has paid the current year legal to personal Property Tax due June 30. Yes  9. Name and Address of Current Registered Agent  ROBINSON, A. JEFFRY  ROBINSON, A. JEFFRY	d to Fees Intangible
24 25 29 30 Personal Property Tax due June 30. X Yes  9. Name and Address of Current Registered Agent  ROBINSON, A. JEFFRY  81 Name	
ROBINSON, A. JEFFRY      Name and Address of Current Registered Agent  Name  Name  Name  Name	□ No
Name and Address of Current Registered Agent     ROBINSON, A. JEFFRY      Name and Address of New Registered Agent     Name	
HUBINSON, A. JEFPRY	
1	
SUITE 3000, MIAMI CENTER  82 Street Address (P.O. Box Number is Not Acceptable)  201 S. BISCAYNE BLVD.	
MIAMI FL 33131 83	
84 City FL 85 Zip	p 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 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 a agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.	its registered as registered
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 DIRECTOR	200 111 40
12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTO	
NAME ROBINSON, A. JEFFRY 12 NAME	- Li radiilon
AALO DIGOLINE DIED OVE AGA	
A MARKET PLANAGE	!
CITY-ST-ZIP   MIAMI FL 33131   1.4 CITY-ST-ZIP	Addition
NAME 22 NAME	LLJ Addition
	•
STREET ADDRESS 2.3 STREET ADDRESS	l l
CITY-ST-ZIP	1

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

3.2 NAME

4.1 TITLE

4. 2 NAME

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

3.3 STREET ADDRESS 3.4. CiTY - ST - 2iP

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY - ST- ZIP

5.4 CITY-ST-ZIP

4.4 CITY-ST-ZIP

2/0/08

DELETE

DELETE

☐ DELETE

☐ Change

Change

Addition

Addition

Addition

FILED

Feb 09 1998 8:00am

Secretary of State