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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

FILED

May 01 1998 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

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ROBERT & SHIRLEY INC Principal Place of Business Mailing Address ROBERT & SHIRLEY . INC ROBERT & SHIRLEY, INC 9552 HARDING AVE 9552 HARDING AVE SURFSIDE FL 33154 SURFSIDE FL 33154 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 06/01/1959 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 26 59-0869206 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution 28 Added to Fees Country Country Zip This corporation owes or has paid the current year Intangible 25 30 Personal Property Tax due June 30. 24 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name MOLKO, DAVID 930 N.E. 75 th ST. 520 BRICKELL KEY DR 82 Street Address (P.O. Box Number is Not Acceptable) APT-1412 в3 MIAMI FL 33131 84 City 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 typed or profed nanie of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. DELETE Change Addition TITLE 1.1 TITLE HIRSCH, VICKI NAME 1.2 NAME 11415 N. BAYSHORE DRIVE STREET ADDRESS 1.3 STREET ADDRESS N. MIAMI FL CITY-ST-ZIP 1.4 CITY - ST - 7(P DELETE 2.1 TITLE Change Addition TITLE SOLOMON, RENEE NAME 2.2 NAME 7199 N.W. 48TH CT. STREET ADDRESS 2.3 STREET ADDRESS LAUDERHILL FL CITY-ST-ZIP 2. 4 CITY - ST - ZIP DELETE Change Addition TITLE 3.1 TIME 930 NE 75 TAST MOLKO, DAVID 3.2 NAME 520 BRICKELL KEY DR APT 1412 MI AMI FC STREET ADDRESS 3.3 STREET ADDRESS AMAMI FL CITY-ST-ZIP 3.4. CITY - ST - ZIP DELETE 4.1 TITLE Change Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition 5.1 THEF TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP 900002509079 -05/04/98--01028--042 Change DELETE 6.1 TITLE TITLE 6.2 NAME NAME ***150.00 6.3 STREET ADDRESS STREET ADDRESS

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 of the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in