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PROFIT CORPORATION				MENT OF STATE
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ANNUAL REPORT





Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 4	116587
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(4)

PRODUCTS BY ROBERTS INC

1490 S. DIXIE HWY EAST POMPANO REACH FL 33060	1490 S. DIXIE HWY EAST POMPANO BEACH FL 33060
Principal Place of Business	Mailing Address



	Business HWY EAST EACH FL 33080	1490 S. DIXIE HW POMPANO BEACH			3. Date Incorporated or Qualified 01/20/1973	3a. Date of Last Rep 05/01/19	95
. Principal Place	of Business	2a. Mailing Address			4. FEI Number		oplied For ot Applicable
1		26			59-1433360		Additional
Suite Apt #, 6	etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	<b>—</b>	equired
City & State		City & State			Election Campaign Financing     Trust Fund Contribution	☐ Added	May Be to Fees
Z <sub>P</sub>	Country	Zip	Country		8. This corporation has liability for in	ntangible tax under s 1	199.032,
] '	25	29	30		Florida Statutes Yes  10. Name and Address of New R		
	9. Name and Address of Curre	nt Registered Agent		I	10. Name and Address of New N	egistereo Agont	
			81				
	JRST, ARTHUR B.		82	Street Add	ress (P.O. Box Number is Not Acceptable	le)	
	RAL WAY		83				
FT. LAU	IDERDALE FL 33301		-			85 Zip	Code
			84	1 '	pration submits this statement for the pur and of directors. I hereby accept the appx	FL ("I '	
SIGNATURE SI	grafure, blood or printed name of registers (aller OFFICERS Af	ND DIRECTORS	(NOTE Required A):		ADDITIONS/CHANGES TO OFF	DATE  ICERS AND DIRECTOR  Change	RS IN 12
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annual report is true and accurate aski triat my signature shari have the same regal effect as it make thos listee en powered to execute this report as required by Chapter 607, Florida Statutes; and that my name certify that the information indicated on this are oath; that I am an officer or director of the papears in Block 12 or Block 13 if changed, c

SIGNATURE:

MGOFFICER OR DIRECTOR