

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

FILED

Jan 27 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **434082** (4)

1. Corporation Name
ROBE INVESTMENTS, INC

Principal Place of Business 5266 HIGHWAY AVENUE P.O. BOX 60069 JACKSONVILLE FL 32254 US	Mailing Address 5266 HIGHWAY AVENUE P.O. BOX 60069 JACKSONVILLE FL 32236-0069 US
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3. Date Incorporated or Qualified 08/31/1973	3a. Date of Last Report 05/01/1996
4. FEI Number 59-1481912	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	

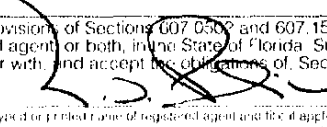
2. Principal Place of Business 21 815 S. Main Street Suite, Apt. #, etc. 22 6th Floor City & State 23 Jacksonville, Florida Zip 24 32207 Country 25 U.S.	2a. Mailing Address 26 815 South Main St. Suite, Apt. #, etc. 27 6th Floor City & State 28 Jacksonville, Florida Zip 29 32207 Country 30 U.S.
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9. Name and Address of Current Registered Agent
**PRICE, R J
5266 HIGHWAY AVE.
JACKSONVILLE FL 32254**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	815 South Main Street
83	6th Floor
84 City	Jacksonville
85 State	FL
86 Zip Code	32207

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  DATE **01-20-97**

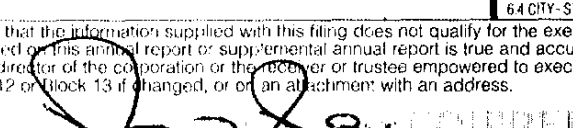
12. OFFICERS AND DIRECTORS

TITLE	VD	<input type="checkbox"/> DELETE
NAME	RICHARDSON, M	
STREET ADDRESS	5266 HIGHWAY AVE	
CITY-ST-ZIP	JACKSONVILLE, FL 00000	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	BELL, A. QUINN	
STREET ADDRESS	5266 HIGHWAY AVE	
CITY-ST-ZIP	JACKSONVILLE, FL 00000	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	OEHSER, R E	
STREET ADDRESS	5266 HIGHWAY AVE	
CITY-ST-ZIP	JACKSONVILLE, FL 00000	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	BARTLETT, ROBERT F	
STREET ADDRESS	5266 HIGHWAY AVE	
CITY-ST-ZIP	JACKSONVILLE, FL 00000	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	PRICE, R J	
STREET ADDRESS	5266 HIGHWAY AVE	
CITY-ST-ZIP	JACKSONVILLE, FL 00000	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	815 South Main Street, 6th Flr.
1.4 CITY-ST-ZIP	Jacksonville, FL 32207
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	815 South Main Street, 6th Floor
2.4 CITY-ST-ZIP	Jacksonville, Florida 32207
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	815 South Main Street, 6th Floor
3.4 CITY-ST-ZIP	Jacksonville, Florida 32207
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	815 South Main Street, 6th Flr.
5.4 CITY-ST-ZIP	Jacksonville, Florida 32207
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:  DATE **904-390-7100**

CR2E034 (9/96)