

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

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Apr 27, 1999 8:00 am
Secretary of State

04-27-1999 90160 006 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 466694
 1. Corporation Name
ROBERTS MANAGEMENT & REALTY CO., INC.



Principal Place of Business Mailing Address
 1840 NE 153RD STREET 1840 NE 153RD STREET
 NORTH MIAMI BEACH FL 33162 NORTH MIAMI BEACH FL 33162
 US US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	4. FEI Number	Applied For
21	26	12/28/1974	59-1625581	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	\$8.75 Additional Fee Required	
22	27	<input type="checkbox"/>	6. Election Campaign Financing Trust Fund Contribution	
City & State	City & State	<input type="checkbox"/> \$5.00 May Be Added to Fees		
23	28	8. This corporation owes the current year Intangible Personal Property Tax.		
Zip Country	Zip Country	<input type="checkbox"/> Yes <input type="checkbox"/> No		
24	25	29	30	

9. Name and Address of Current Registered Agent	81 Name	10. Name and Address of New Registered Agent
SPIVAK, MERRILL 1840 NE 153RD STREET NORTH MIAMI BEACH FL 33162	82 Street Address (P.O. Box Number is Not Acceptable)	
	83	
	84 City	FL
	85 Zip Code	

11. Pursuant to the provisions of Sections 607.050(2) 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: _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SPIVAK, MERRILL	1.2 NAME	
STREET ADDRESS	1840 NE 153RD STREET	1.3 STREET ADDRESS	
CITY-ST-ZIP	NORTH MIAMI BEACH FL	1.4 CITY-ST-ZIP	
TITLE	ST <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SPIVAK, PHYLLIS	2.2 NAME	
STREET ADDRESS	1840 NE 153RD STREET	2.3 STREET ADDRESS	
CITY-ST-ZIP	NORTH MIAMI BEACH FL	2.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COLE, WILLIAM H JR	3.2 NAME	
STREET ADDRESS	1840 N.E. 153RD STREET	3.3 STREET ADDRESS	
CITY-ST-ZIP	NORTH MIAMI BEACH FL	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 changed or on an attachment with an address, with all other like empowered.

SIGNATURE: William H. Cole, Jr. VICE PRESIDENT Date: 4/20/99 (305) 947-3949
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (1/98)