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

**PROFIT** CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS** 

DOCUMENT # 607857

(0)

ROBINSON INVESTMENT CORP.

| Principal Place                              | e of Business   | Mailing Address   |                     |                      |             | l .   |  |                 |              |
|--|---|---|---------------------|----------------------|-------------|---|--|-----------------|--------------|
| C/O AMBER AT<br>7731 S.W 62NO<br>SOUTH MIAMI | AVENUE. SUITE 202   | C/O AMBER AND AMBER<br>7731 S.W 62ND AVENUE. SUITE 202<br>SOUTH MIAMI FL 33143-4908 |                     |                      |             |   |  |                 |              |
|  |   |   |                     |                      |             | 3. Date Incorporated or Qualified 01/25/1979  | 3a. Date<br>03/22                      |                 | eport        |
| 2. Principal P                               | lace of Business  | 2a. Mailing Address   | 2a. Mailing Address |                      |             | 4. FEI Number   | ,                                      | Ap              | plied For    |
| 21   |   | 26  |                     |                      |             | 59-1914603  | ······································ | No              | t Applicable |
| Suite, Apt.                                  | #, etc.   | Suite, Apt. #, etc.   |                     |                      |             | 5. Certificate of Status Desired  | \$8.75 Additional Fee Required         |                 |              |
| City & State                                 | 0   | Crty & State  |                     |                      |             | 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees              |  |                 |              |
| Zip<br>24                                    | Country Zip   |   |                     | untry                |             | 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes No |  |                 |              |
|  | 9. Name and Address of Curren   |   | 1001                | <u> </u>             | •           | 10. Name and Address of New Reg   | ,                                      |                 |              |
| AMP  | BER, HENRY M.   |   |                     | B1 N                 | ame         |   | <u></u>                                |                 | ·            |
| 7731 S.W. 62ND AVENUE                        |   |   |                     | 82 St                | root Addra  | ss (P.O. Box Number is Not Acceptable   | ۵)                                     |                 |              |
|  | TE 202  |   | 92 500              |                      |             | as (F.O. pox Multiper is 140t Acceptable  | <b>0</b> )                             |                 |              |
|  | JTH MIAMI FL 33143  |   | 83                  |                      |             |   |  |                 |              |
|  |   |   |                     | 84 C                 | <b>t.</b> , |   |  | <b>85</b> Zip ( | Codo.        |
|  |   |   |                     | 84 City              |             |   | pa zipi                                | 2008            |              |
| office or r<br>agent. I a<br>SIGNATURE       | registered agent, or both, in the State<br>im familiar with, and accept the obligation<br>Signature typed or printed name of registered age | ations of, Section 607.050  | 5, Florida Sta      | itutes.              |             | on's board of directors. I hereby accep<br>d when reinstating)                                  | t the appoir                           | itment as       | registered   |
| 12.  | OFFICERS AND DIRECTORS  |   |                     |                      |             | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12   |  |                 |              |
| TITLE  | PTD   | TD DELETE   |                     |                      |             |   | L                                      | Change          | Addition     |
| NAME   | AMBER, LAURIE K., ESQ.  |   | 1.2 NAMI            |                      |             |   |  |                 |              |
| STREET ADDRESS                               | 7731 S.W. 62ND AVE #202   |   | 1.3                 |                      | RESS        | _   |  |                 |              |
| CITY - ST - ZIP                              | SOUTH MIAM! FL  |   | 1.4                 |                      |             |   |  |                 |              |
| TITLE  | VSD DELETE  |   | 2.1 T               | 2.1 TITLE            |             |   |  | Change          | Addition     |
| NAME   | AMBER, HENRY M., ESQ.   |   | 221                 | 2.2 NAME             |             |   |  |                 |              |
| STREET ADDRESS                               | 7731 S.W. 62ND AVE #202   |   | 2.3 9               | 2.3 STREET ADDRESS   |             |   |  |                 |              |
| CITY - S1 - ZIP                              |   |   |                     | 2.4 CITY - ST - ZIP  |             |   | ٠                                      | 1               |              |
| TITLE  |   | ☐ DELETI  |                     |                      |             |   | L.                                     | ] Change        | Addition     |
| NAME   |   |   | l l                 | IAME                 |             |   | • •                                    |                 |              |
| STREET ADDRESS                               |   |   |                     | STREET ADD           |             |   |  |                 |              |
| CHTY-ST-ZIP                                  |   |   |                     | 3 4. C/TY - ST - Z/P |             |   |  | Change          | 1 delition   |
| TITLE  |   | ☐ DETELL  | DELETÉ 4.1 TI       |                      |             |   | L.                                     | ] Change        | Addition     |
| NAME   |   |   | _                   | NAME                 |             | ,   |  |                 |              |
| STREET ADDRESS                               |   |   |                     | TREET ADD            | i           |   |  |                 |              |
| CITY-ST-ZIP                                  | <del>                                     </del>  | DELET   |                     | OTY-ST-ZI            | ·           |   | ····                                   | Change          | Addition     |
| TITLE  |   | □ DETEN   |                     | NTLE                 |             |   | ا                                      | T Auguing       | - Madillott  |
|  |   |   |                     |                      |             |   |  |                 |              |

**FILED** Feb 14 1997 8:00am Secretary of State



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

53 STREET ADDRESS

5.4 CITY-ST-ZIP

61 TITLE

6.2 NAME 6.3 STREET ADDRESS

DELETE

STREET ADDRESS

STREET ADDRESS CITY-SI-ZIP

CITY-\$1-ZIP

TITLE

NAME

Change

☐ Addition